

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge

Vol. 28

JANUARY, 1936

No. 1

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

SEVENTH ANNUAL MEETING

of the

FLORIDA PUBLIC HEALTH ASSOCIATION, INC.

held in

ORLANDO

December 2-4, 1935

W. A. McPHAUL, M.D., STATE HEALTH OFFICER
Jacksonville, Florida



W. A. McPHAUL, M.D.

DR. W. A. McPHAUL APPOINTED STATE HEALTH OFFICER

Honorable David Sholtz, Governor of Florida, upon unanimous recommendation of the State Board of Health, has announced the appointment of Dr. W. A. McPhaul as State Health Officer. Dr. McPhaul is licensed to practice medicine in Florida and for the past four years, has been Director of the Escambia County Health Unit which was the third of the units in Florida to organize on a full-time basis for health.

Dr. McPhaul, who is a native of Robeson County, North Carolina, attended University of the South, Seawanee, Tennessee, and is a graduate of the University of Nashville (now a part of the University of Tennessee) where he received his M.D. degree in 1905. He was part-time health officer for Robeson County, North Carolina, from 1907 to 1911. In 1911, Dr. McPhaul was a member of the House of Representatives of the North Carolina legislature and served as chairman of the Committee on Public Health. Dr. McPhaul served as whole-time health officer for Robeson County, North Carolina, 1916-1918. He served as Director of Rural Sanitation for the State Board of Health of Alabama in 1919 and health officer for the city of Montgomery, Alabama, in 1920.

During the year 1926, Dr. McPhaul took postgraduate work in Tropical Medicine at Tulane University. He served as health officer of Charlotte, North Carolina, from 1921 to 1931.

FLORIDA PUBLIC HEALTH ASSOCIATION, INC.

SEVENTH ANNUAL MEETING

Orlando, Florida, December 2-4, 1935

Another milestone has been passed in the history of this health organization in Florida. A splendid program was prepared and the speakers who were experts in special lines of health work brought unusual messages that were both helpful and interesting. The attendance was very satisfactory; 203 members and guests were registered and 118 attended the banquet on Tuesday evening. At the public meeting on Monday evening, a large number attended who were not registered.

For the benefit of those who were not able to attend the meeting, a number of the papers have been published in this issue of Florida Health Notes and a number of other papers presented will be published in the Journal of the Florida Medical Association. Since it will not be possible to find space for the publication of all the papers presented, several papers that are of particular interest to special groups will be mimeographed and distributed to those who may desire them.

The newly elected officers for the ensuing year are as follows:

T. H. D. Griffiths, M.D., President
W. E. Van Landingham, M.D., First Vice-President
Russell Broughman, Second Vice-President
Stewart G. Thompson, D.P.H., Secretary-Treasurer

The Board of Directors is comprised of the above named officers and the following:

Henry Hanson, M.D.	Fred H. Stutz
Lena W. Starck	W. A. McPhaul, M.D.
Mrs. Inez Nelson	George N. MacDonell, M.D.

UNDULANT FEVER*

GEORGE N. MacDONELL, M.D.

Director of Public Health, Miami, Florida

It has been remarked that hay fever is so called for the reason that it is not caused by hay and its victims never show any indication of fever. Possibly the name was given this syndrome in order to bring it into contrast with the mythical "spring fever," since the vast majority of its victims are afflicted with the autumnal type when haying time arrives. The more fitting term, "pollenosis," is gradually replacing the time honored name by which it has been identified by the American public.

*Read before the Seventh Annual Meeting of the Florida Public Health Association, Inc., Orlando, December 2-4, 1935.

So, for undulant fever the more suitable name of brucellosis has been proposed, since it does not always show a wave-like temperature, and in many cases, particularly in its chronic form, no perceptible fever is present. This term is well chosen because it describes all types of reactions in man and animals to infection with the caprine, bovine or porcine varieties of brucella, a class of organisms first isolated by Bruce in 1886.

Alice C. Evans, Senior Bacteriologist of the United States Public Health Service, in 1917, while studying the bovine type occurring in Bang's disease—the contagious abortion disease of cattle—noted the similarity of the organism to that which Bruce had found to be the cause of Malta fever, and suggested that it would not be unlikely to find a similar disease in the users of raw milk in this country. This prophecy was not fulfilled until 1922 when the first case of undulant fever was diagnosed at Johns Hopkins Hospital and reported by Keefer in 1924. Since then a large number of cases have been found in various parts of the country, increasing in number as physicians have begun to look for it and have familiarized themselves with the laboratory tests for finding it. The present state of our knowledge concerning it is best summed up in the description of the disease as given by Huddleson in his recent work on "Brucella Infection in Animals and Man." He says:

"The clinical symptoms and signs of undulant fever are extremely variable and complex; so much so that it is difficult for the clinician to make a diagnosis of the disease without the aid of laboratory tests.

"Hughes and many students of the disease since his time have described four types of undulant fever, namely, the malignant, the intermittent, the undulatory, and the ambulatory. To these four types may be added the sub-clinical and chronic types. It is often difficult to distinguish one type from another, as there is a tendency for the disease to change in type as it progresses.

"The malignant type of infection rarely occurs in the United States. * * *

"The chief difference between the intermittent and undulatory types is the occurrence in the latter type of periods in which there is no elevation of temperature or clinical symptoms of the disease. The chief symptoms and signs which characterize these two types of the disease are weakness, loss of appetite, occipital headache, sweating, chilliness, pains in the back, joints, muscles and abdominal region, cough, constipation, insomnia, frequent and persisting nose bleeding, intermittent and remittent fever, loss of weight, enlarged peripheral lymph glands, anemia, and leucopenia. The duration is from three weeks to eighteen months.

"The ambulatory type is not characterized by any particular chain of symptoms or signs. The patient is rarely ill enough to be confined to bed. The most frequent symptom is short periods of lassitude in the afternoon and evening. There is an occasional night sweat. The temperature may be elevated from 96.6° F. to 101.6° F. in the evening.

"The subclinical type is so mild and of such short duration that it usually passes undiagnosed. The patient may complain of occipital headache, weakness, general aching, and loss of appetite. The temperature may reach an elevation of 103° F. in the evening. The duration is from three to seven days.

"The chronic type of infection frequently goes undiagnosed, due to the fact that the complexity of symptoms which characterize it has not yet been fully realized. There is much evidence which indicates that many cases of the chronic form have emerged from the undulatory and intermittent form of the disease. The symptoms that are usually observed in the chronic form are: asthenia, nervousness, lack of emotional control, and melancholia. A few patients show symptoms not unlike those which characterize epidemic encephalitis. The temperature of the patient seldom, if ever, goes beyond 101.6° F., and there may occur long intervening periods in which it remains normal. The duration of the chronic form is from three months to several years."

As has been pointed out by Evans in an article appearing in the Journal of the American Medical Association, undoubtedly many cases diagnosed by physicians as neurasthenia will be found to be chronic brucellosis.

While butchers, veterinarians or laboratory workers may contract the disease by contact with the blood of infected animals, the greatest menace lies in the drinking of raw milk from infected cows. Occasionally a person showing positive laboratory reactions is found who does not remember having partaken of raw milk, but it should not be overlooked that they may have become infected by coffee cream, since the organisms attach themselves to the cream globules and are found in much greater concentration in cream than in whole milk. Other raw milk products are no doubt sources of infection in a number of cases.

Undulant fever is of particular interest to this body for the reason that tests made by the Bureau of Animal Industry of the United States Agricultural Department showed a heavy infestation of the dairy herds of this State with Bang's disease, as the infection in cattle is called. In one area 39 dairy herds tested showed positive reactors and suspects, the highest having 60% and the average being 40%. In the

same area there has been noted a steady increase in the number of undulant fever cases diagnosed by physicians. It is entirely possible that because the doctors practicing there have been on the alert that more cases have been brought to light. At any rate twenty-five or more different doctors over the space of four years have found two hundred and thirty cases in their practice. It cannot be imagined that the particular area referred to is more heavily infested than other similar areas in the State, and one cannot help wondering how many cases there are that are going undiagnosed.

From the foregoing, it will be seen that undulant fever is a problem which should claim the attention of all workers in the field of public health.

Testing all herds from which milk is sold to the consumer as raw milk and slaughtering reacting cows will cause a decrease in the volume of infected milk, but it is seriously to be questioned whether this will completely eliminate the danger. In a few instances, herds have shown as large a percentage of reactors and suspects on the second test as they did on the first. No raw milk can be guaranteed safe, but pasteurization eliminates from milk the danger not only of undulant fever, but also of tuberculosis, typhoid, diphtheria, scarlet fever, septic sore throat and other milk-borne diseases. Therefore, it is the duty of all public health workers to urge that only pasteurized milk and milk products be used.

In conclusion, it will be interesting to quote from a letter of H. S. Cumming, Surgeon General, United States Public Health Service, addressed to a party in the area referred to:

"* * * The U. S. Public Health Service does not believe that any raw milk, however carefully produced, can be conscientiously recommended as being entirely safe until it has been given heat treatment at least equal to pasteurization. No test which can be made for tuberculosis or for abortion in dairy cattle, or for tuberculosis, typhoid fever, diphtheria, or septic sore throat in dairy workers is sufficiently certain to be dependable."

Then, commenting on the safeguards a proposed ordinance provided to throw around the production of raw milk such as the testing and slaughtering of reacting cows, he continues:

"* * * It should be understood, however, that the Public Health Service does not consider this an adequate substitute for pasteurization, and that pasteurization or boiling of all milk should be consistently recommended by the City Health Department to all milk consumers."

MOSQUITOES AND MALARIA AFTER HURRICANES*

T. H. D. GRIFFITTS

Surgeon, United States Public Health Service

While conducting a malaria survey in Central Texas several years ago we repeatedly were told that mosquitoes had never been troublesome in the areas surveyed until "after the Galveston Flood," which occurred in 1900—more than 15 years before this story was elicited. Many people honestly believed that the hurricane winds had carried mosquitoes and spread them over wide areas where they afterwards were established. Since this experience the writer has repeatedly heard the story as to how hurricanes carry mosquitoes in large numbers into territory traversed by storms. Also, there is usually a current belief that malaria immediately increases or "breaks out" after tropical hurricanes. Repeatedly the central health office is informed that a malaria "epidemic has broken out" only a few days after a hurricane.

Considering the frail anatomy of the mosquito, observations that some species have been observed to fly against gentle (4-6 miles an hour) breezes, and through investigations determining that *Aedes sollicitans* and *taeniorhynchus*, at least, seek shelter in vegetation and other protection with wind velocity above 12-15 miles an hour, the writer, anticipating claims that the hurricane in Florida in August and September, 1928, brought a pest of mosquitoes, made careful observations in Dade, St. Lucie, and Palm Beach Counties immediately after the hurricane of that year. Hordes of *Aedes*—*taeniorhynchus* predominating—appeared approximately seven days after the winds, rains, and inundating sea. What happened then and what generally happens after all such storms is not that mosquitoes are carried in by the storm winds, but the *Aedes* eggs which are already deposited on the soil or ground surface, hatch—some of them within as short time as fifteen minutes after flooding, and may pass the aquatic stages within a week or ten days. So there is always a period of at least a week elapsing between hurricanes and the appearance of mosquito pests.

As to *Anopheles* and so-called outbreaks of malaria following hurricanes, there is a somewhat different picture. However, it may be stated that *Anopheles* of whatever species are not carried by hurricane winds, but many of them are destroyed, both in the aquatic and adult stages. The production of *Anopheles quadrimaculatus* normally occurs in bodies, large or small, of quiet waters supplied with surface vegetation or floatage. The less disturbed and more organized this surface becomes the more nearly optimum conditions are for the development and production of *A. quadrimaculatus*. Under such conditions the aquatic cycle (from the oviposition to the emergence of

*Read before the Seventh Annual Meeting of the Florida Public Health Association, Inc., Orlando, December 2-4, 1935.

the imago) will be, ordinarily, 8 days. When infested waters are cooled by rains or lowered temperatures the aquatic stages are prolonged. Accordingly, hurricane winds, in the destruction of adult *Anopheles*, leave fewer females for oviposition. More or less torrential rains accompany the winds and these combine in the destruction of the developing larvae and pupae present. It is, therefore, reasonable to assume that a portion of three generations of *Anopheles quadrimaculatus* is immediately destroyed by the hurricane. However, assuming that a relatively small number of gravid females capable of oviposition survive, in wind- and rain-sheltered places, and that their eggs are deposited after the storm has passed, let us see what time would be expected to elapse before the appearance of malaria resulting from the hurricane. Ordinarily after the center of the storm has passed a given area more or less brisk winds (20-25 miles per hour) may be expected for 24 hours. We shall give the *Anopheles quadrimaculatus* 48 hours for the first ovipositing; then, on account of lowered temperature of the water, from cool rain, wind, and cloudy conditions, 2 days for hatching. Still with the relatively low water temperature, deficient food supply in the fresh and more or less moving water, we should allow eleven days for larval and pupal development. We then may have the first probable emergence of *Anopheles quadrimaculatus* fifteen days after a hurricane has passed. This is allowed for the more nearly optimum condition without considering that generally after hurricanes there are conditions of flood, with many bodies of quiet waters overflowing and varying degrees of current in streams and pools.

If we allow two days for a member of the post-hurricane brood of *quadrimaculatus* to seek and find an infecting blood meal, and then add 11 days incubation period in the mosquito, we have 15 days plus 11 days, or 26 days in which the post-hurricane-born mosquito may be expected to give an infective bite. Adding the usual period of incubation, 12 days (from 9-18 days, depending upon temperature, type of infection, etc.) there is the calculation that 38 days after a hurricane, one may expect the appearance of malaria traceable to hurricane influence. Yet in times past hysterical persons have more or less harassed the State Board of Health with S. O. S. or C. Q. D. messages of epidemics of malaria within a few days after so-called tropical hurricanes, or cyclones.

Since September is our month of predicted storms and the Southern peninsula (least malarious) the section usually visited, there is relatively little important connection between hurricanes and malaria in Florida. When these September storms do invade the northwesterly section of the State, cool nights of October or November have arrived before the post-hurricane broods of *Anopheles* may be infective. There is, however, one important phase to be considered—the damage done to drainage systems and its influence on *Anopheles* production the following season. There is also the damage to or destruction of rural homes and the consequent impoverishment of the inhabitants.

COUNTY HEALTH UNITS AND THEIR FUNCTIONS*

M. V. ZIEGLER

Surgeon, United States Public Health Service

Every citizen in a republic looks to his government for protection and accepts responsibility for making contributions for the common safety and welfare. To this end there have been set up certain institutions for the mutual protection of society. Such institutions discharge functions which are usually beyond the ability of the individual to satisfactorily perform. Health departments are institutions of this character. In consequence citizens properly look to the public agency for resources in meeting community health needs and the elimination of conditions which are prejudicial to the public health.

The health department is a public agency. It is an agency of government. It performs functions that are authorized by government. As an instrument of the whole community it is subject to the will of a majority; therefore, its activities must conform to the wishes of the majority. It must proceed in accordance with the general level of community understanding. The authority for performing service to protect the public interest is vested in the police powers of the State.

The greatest advances that have been made in local full-time health services have been in the southern portion of the United States. However, of the eight States included in interstate Sanitary District No. 2, I find that Florida is at the bottom of the list as to the percentage of rural population with local health service. The rural population of Florida is estimated to be 752,822 persons. Of this number only 36,653 people are included in areas with full-time local health services. Approximately 50% of Florida's population is rural. This portion of her population receives only a limited amount of health service. The State Health Department must assume responsibility for the development and supervision of whole-time health service if health protection is to be available to all of the people within the State.

The effectiveness of the Federal, State and local health program is largely dependent upon the type and efficiency of the local health organizations.

Local Health Administration

The public health can best be safeguarded by that agency which comes in daily contact with the people to be served. The agency or instrument best suited to bring about efficient health service in rural areas is the whole-time county health department. Local whole-time health departments should be created under specific authority of law. The cost of the service must be borne out of governmental funds. The administration of the activities should be lodged in a legally constituted public official.

*Broadcast over Station WDBO at the Seventh Annual Meeting of the Florida Public Health Association, Inc., Orlando, December 2-4, 1935.

Activities of County Health Departments

The activities of county health departments are grouped into six classifications:

1. Public health education.
2. Measures for the control of communicable diseases.
3. Maternal and infant hygiene work.
4. The school health supervision.
5. Control of venereal diseases.
6. Sanitation.

Public health administrators are of the opinion that agencies engaged in the promotion and prosecution of special health activities, such as tuberculosis, malaria, and venereal disease control, maternal and child hygiene activities, can perform most efficient service by intergrating their special activities with and making them a part of a comprehensive, well balanced local health service under the immediate supervision of a qualified whole-time health officer. Every State health department should make provision for giving administrative guidance to local health service. The State surveillance should comprise compliance with the health laws and regulations in the conduct of local service: specify duties to be performed, define technical and educational qualifications for local personnel. The State health department should make available professional consultation service to the local health units in connection with the prosecution of regular and special health programs. The local health service should be a definite part of the health machinery of every state. One finds that high standards of work are maintained in states where the health department participates with the local government in conducting health work. In addition to providing administrative guidance, the State Board of Health should aid financially in the support of local health service. It is not considered advisable that financial support for local health service from the state or outside source should exceed the local contribution. It is recognized that there are counties whose economic resources are such that will not permit the maintenance of a separate health service. In order to provide equal opportunity for citizens in such areas to acquire and maintain health service, consideration must be given to grouping counties into district health units. The local units preferably should be a political administrative unit. The financial aid made available by the State Board of Health towards the support of local health service should be contingent upon:

- (a) The employment of qualified personnel on a full-time basis;
- (b) The prosecution of satisfactory programs;
- (c) The maintenance of certain standards of organization and work;
- (d) Submitting to the State Board of Health progress reports of activities, and the proper accounting of funds expended in accordance with approved budgets.

REPORT OF SECRETARY-TREASURER

STEWART G. THOMPSON, D.P.H.

December, 1935

To the President and Members of the Florida Public Health Association, Inc., in Session at Orlando, Florida:

At the Sixth Annual Meeting of the Association held in Jacksonville last year, there was a total of 245 registered. Of this number, 101 were members of the Association and 144 were visitors and guests. The attendance at the Tuesday night banquet numbered 141. The proceedings and a corrected printed program of last year's annual meeting, together with the minutes of meetings of the Board of Directors and regular committees form a part of this report.

Committee Appointments

President MacDonell's committee appointments were as follows:

Auditing Committee

L. J. Graves, M.D., Chairman
W. V. King, Ph.D.
G. Wilson Baltzell

Membership Committee

Stewart G. Thompson, D.P.H.,
Chairman
T. H. D. Griffiths, M.D.
Fred Stutz

Nominating Committee

Joseph N. Hornbaker, Chairman
Mrs. Minnie B. Broughman
S. D. Macready
Mrs. E. R. Powell
C. H. Purdy

Committee on Local Entertainment

W. V. King, Ph.D., Chairman
Claude Anderson, M.D.
G. H. Bradley
Russell Broughman
T. E. McNeel

Committee to Arrange for Broadcasts
Russell Broughman

Committee on Projecting Lantern
F. V. Chappell, M.D.

Committee on Registration

Stewart G. Thompson, D.P.H.,
Chairman
Elsie Hyatt
Anna C. Emmons

Committee on Exhibits

Mrs. Elizabeth Bohnenberger,
Chairman
Lena Starck
Julia O. Graves, R.N.

Committee on Entertainment of Lady Guests

Mrs. Minnie B. Broughman,
Chairman
Mrs. Claude Anderson
Mrs. Inez Nelson
Mrs. W. V. King
Mrs. G. H. Bradley

Committee on A. P. H. A. Membership

Mrs. Vida Lester MacDonell,
Chairman
H. D. Venters
S. D. Macready
Pearl Griffith

Membership

Twenty-eight (28) new members have been added to our roster during the year:

C. R. Bill, Gainesville	Alfred E. A. C. Hudson, D.Sc., Ft. Myers
K. J. Boyd, Tallahassee	Cynthia Mabbette, Daytona Beach
Mrs. Anna Brewer, Jacksonville	Clarise Matthews, Lake City
Miss Tommy Brown, Jacksonville	Mrs. Mary W. Matthews, Miami
L. L. Bunker, M.D., Fernandina	Isabel Odiorne, Jacksonville
Mrs. Annie Carlisle, Milton	Doris Peoples, Live Oak
L. H. Dame, M.D., Inverness	Elizabeth Reed, Pensacola
M. H. Doss, Jacksonville	George L. Rianhard, Coral Gables
Francisco M. Fernandez, M.D., Miami	Mrs. Vivian Ross, Jacksonville
Theodore F. Foster, Pensacola	Mrs. Beatrice V. Smith, Jacksonville
Olive Gause, Leesburg	Sara Takahashi, McIntosh
Margaret Louise Gerst, Lake City	J. Blake White, M.D., (Died Nov. 4, 1935)
Mrs. Merle Gilmore, Pensacola	George R. Wilkes, Philadelphia, Pa.
James T. Googe, M.D., Jacksonville	
Bernice Gornto, Mayo	

Nine (9) former members have been reinstated:

Mrs. Agnes Beuthien, Jacksonville	Mary L. Patrick, Fernandina
Mrs. Estelle S. Cardwell, Jacksonville	George B. Reed, Key West
C. D. Hopkins, M.D., Tampa	Fred A. Safay, Jacksonville
Mrs. Lucy Knox McGee, Jacksonville	Augusta Simral, Jacksonville
	F. M. Whidden, Jacksonville

The total membership of our Association is now 152. Of this number, 83 are classified as active members and 69 as associate members. Forty-six (46) of our active members are also members of the American Public Health Association. According to the rule, at least one-half of our active members are required to be members of the A. P. H. A., and our membership is, therefore, in good standing at the present time. A complete roster for every classification of our membership is on file with the Secretary and is part of the official records of the Association.

Finances

On November 13, 1935, there was \$236.57 to be accounted for. Disbursements total \$84.54, leaving a balance in the bank of \$152.03, as of November 13, 1935. A detailed financial statement is attached, outlining item by item receipts and disbursements. Exhibit A indicates membership dues in the amount of \$1.00 collected for 1933; Exhibit B indicates membership dues in the amount of \$18.00 collected for 1934, and Exhibit C indicates membership dues in the amount of \$80.00 collected for 1935.

A check for \$30.00 was received from the American Public Health Association to cover 1934 dues for forty (40) of our members at \$1.00 each. The annual dues of the Florida Public Health Association to the American Public Health Association is \$10.00. The A. P. H. A. check for \$30.00 plus our Association's annual dues of \$10.00 accounts for a credit to individual members of our Association of \$40.00. Itemized accounting of these credits will be found in Exhibit B.

One new member of the A. P. H. A. received a refund of \$1.00 on 1934 dues which had been paid to the Association prior to the time we were advised of the member's affiliation. This statement of refund amounting to \$1.00 will be found in Exhibit D.

The books of the Treasurer have been examined by the Auditing Committee and a certification as to the accuracy of the accounts accompanies the financial statements.

The customary secretarial duties have been carried on during the past year including correspondence, keeping of minutes of the Association and of committee meetings, notifying officers and committees of their appointments, meetings, etc.

December 4, 1935

Dr. Stewart G. Thompson,
Secretary-Treasurer,
Florida Public Health Association, Inc.,
Jacksonville, Florida.

Dear Sir:

This is to certify that we have examined the attached statements of cash receipts and cash disbursements for the period from November 21, 1934, through November 13, 1935. These statements which have been prepared by you, as treasurer, correctly reflect the total amounts received and disbursed as shown by the books.

Cash on hand as of November 13, 1935, was verified by bank statement.

Yours very truly,

AUDITING COMMITTEE

(Signed) L. J. Graves, M.D., Chairman

(Signed) W. V. King, Ph.D.

(Signed) G. Wilson Baltzell

Cash Statement

November 21, 1934—November 13, 1935

Receipts

Cash in Bank, November 21, 1934.....		\$107.57
Dues Collected for 1933 (Exhibit A).....	\$ 1.00	
Dues Collected for 1934 (Exhibit B).....	18.00	
Dues Collected for 1935 (Exhibit C).....	80.00	99.00
		<hr/>
Rebate from American Public Health Association, 1934 dues \$1.00 each for 40 members, less \$10.00 dues of Florida Public Health Association to Amer- ican Public Health Association (Exhibit B).....		30.00
		<hr/>
Total Cash to be accounted for.....		\$236.57

Disbursements

Postage and Supplies:		
Postage	\$15.00	
Supplies	36.65	51.65
		<hr/>
Telephone and Telegraph:		
Telegrams	1.89	1.89
Banquet Expense:		
Orchestra and 4 guest banquet tickets	30.00	30.00
		<hr/>
Refund to 1 member who paid F. P. H. A. dues of \$1.00 for 1934; 1934 dues returned by A. P. H. A. in their check of \$30.00 (Exhibit D).....	1.00	\$ 84.54
		<hr/>
Balance in Bank, November 13, 1935 (Exhibit E).....		\$152.03

November 14th, 1935.

Florida Public Health Association, Inc.,
Florida Theatre Building,
City.

Gentlemen:

This is to certify that the balance to your credit at this bank at the
close of business November 13th, 1935, was \$152.03.

TITLE & TRUST COMPANY OF FLORIDA

(Signed) By L. E. Smedley,
Assistant Treasurer.

TO LOCAL REGISTRARS

Rush all outstanding Birth and Death Certificates to the State Board of Health.

A perfect report from each of the 500 Local Registrars will make a wonderful record in Florida for 1935.

May we count on you?

(Signed) CENTRAL BUREAU OF
VITAL STATISTICS
Jacksonville, Florida

LIBRARIAN
STATE LIBRARY
TALLAHASSEE FLA

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge

Vol. 28

FEBRUARY, 1936

No. 2

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

BOTTLED WATER—*Kennedy*

LOCAL HEALTH PROGRAM—*Googe*

TUBERCULOSIS SANATORIA—*McPhaul*

COUNTY SCHOOL NURSING—*Mettinger*

AUTOMOBILE ACCIDENT DEATHS (11 MO.)—*Thompson*

BACTERIOLOGICAL AND CHEMICAL LABORATORY—*Phair*

W. A. McPHAUL, M.D., STATE HEALTH OFFICER
Jacksonville, Florida

BOARD MEMBERS

N. A. Baltzell, M.D., Pres.
Marianna

Harry Dash Johnson, M.D.
Daytona Beach

R. L. Hughes, M.D.
Bartow

STATE HEALTH OFFICER

W. A. McPhaul, M.D.

BUREAUS AT JACKSONVILLE**DIRECTORS**

Laboratories.....	Paul Eaton, M.D., D.P.H.
*Vital Statistics.....	Stewart G. Thompson, D.P.H.
Communicable Diseases.....	John Phair, M.D. (Acting)
Sanitation.....	T. S. Kennedy, M.D.
Public Health Nursing.....	Ruth E. Mettinger, R.N.
Accounting.....	G. Wilson Baltzell
Librarian.....	Elizabeth Bohnenberger
County Health Work.....	J. T. Googe, M.D. (Acting)

*Registration Inspector.....	Anna C. Emmons
Drug Store Inspector.....	M. H. Doss
Assistant Drug Store Inspector.....	Frank S. Castor

LABORATORIES

Jacksonville.....	Pearl Griffith, B.E.
Miami.....	E. R. Powell
Pensacola.....	Nina Branch
Tallahassee.....	Estelle Bryan
Tampa.....	H. D. Venters, B.S.

MEDICAL OFFICERS

DeFuniak Springs.....	C. W. McDonald, M.D.
West Palm Beach.....	Leland H. Dame, M.D.
Jacksonville.....	Paul G. Shell, M.D.
Tallahassee.....	H. A. McClure, M.D.
Tampa.....	C. W. Pease, M.D.

DISTRICT SANITARY OFFICERS

Jacksonville.....	Fred A. Safay
Marianna.....	David B. Lee
Ocala.....	C. A. Holloway
Orlando.....	Russell Broughman
West Palm Beach.....	S. D. Macready

PUBLIC HEALTH NURSES

Lake City.....	Johanna L. Sogaard, R.N.
Marianna.....	Lalla Mary Goggans, R.N.
Tampa.....	Julia O. Graves, R.N.

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
------------------	--

MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M.D. (U. S. Public Health Service)
-------------------	---

CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
--------------	--

DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. H. Pickett, M.D.
Marianna, Jackson County.....	Frank V. Chappell, M.D.

ADMINISTRATION

W. A. McPhaul, M.D., State Health Officer

TUBERCULOSIS SANATORIA

On July 1, 1935, a sanatorium for indigent tuberculosis patients of Escambia County and the city of Pensacola was opened for use. The sanatorium was built with FERA funds, and an annex for colored patients, built with PWA funds, is now nearing completion. A maintenance fund of \$15,000 annually has been appropriated equally by the county of Escambia and the city of Pensacola.

The building is located about two miles northwest of Pensacola, on land donated by the State Board of Health. The land consists of six acres, and was used in earlier years by the State Board of Health as the site of a pest house for smallpox patients.

The sanatorium is complete in every detail, including facilities for X-ray, pneumothorax and thoracoplasty. There is a working personnel of ten, including a physician experienced in the diagnosis and treatment of tuberculosis, a superintendent who is a trained nurse, and additional nurses experienced in the care of tuberculosis patients. The hospital has bed capacity for twenty-four white patients and the annex for colored patients will care for twenty. Since the opening in July, the hospital has been filled to capacity, and rapid improvement in each patient admitted has already been noted.

The importance and need of such sanatoria in Florida cannot be stressed too much. Tuberculosis is a disease which affects not only the person suffering from it, but endangers the lives and well-being of the members of the patient's family and all who come in contact with him. Poverty marches hand in hand with tuberculosis and, also, frequently follows in its wake, the result of the victim's incapacity to earn, and the spreading of the disease to other wage earners in the family. It thus becomes a community problem which cannot be ignored. In a hospital such as this one, the patient is removed from the danger of communicating the disease to his family. Treatment in the hospital consists in not only restoring the patient to the community as an asset rather than a burden, but in the teaching of proper hygiene and the ways to prevent the spread of tuberculosis.

It is apparent that the influence of a tuberculosis sanatorium is greater than just the curing of the individual patient. It is a most valuable protector of the entire community. It is to be hoped that Florida will soon see the building of many such hospitals throughout the State.

BUREAU OF SANITATION**T. S. Kennedy, M.D., Director****HARMONY**

A meeting of the District Nurses, the District Health Officers, the District Sanitary Officers and Directors of the Bureaus was called by Doctor W. A. McPhaul, State Health Officer, on January 9, for the purpose of getting acquainted and to discuss various phases of the work of the respective bureaus. This was an open round-table meeting; anyone that had something to say was heard. At this meeting the State was re-districted for the purpose of placing the district officers closer together; in some cases, in the same city and office so they could consult and carry on the work more efficiently. The setup will tend to increase efficiency as all will be working to the same end. Harmony and cooperation produce efficiency.

In my opinion, harmony is absolutely essential in any organization, large or small, and must be maintained between organizations or boards such as we have in States to produce the best results. There is no board or man in the board's employ that can afford to ignore the assistance offered by others, be it boards or men. If this is done, the State will not receive the service it should.

There is hardly a State Department, Commission, Board or Institution but needs the cooperation of other departments to assist in delivering to the State the services expected.

It is the desire of the State Board of Health and its individual departments to cooperate with other State, County and City Boards.

BOTTLED WATER

Although the matter of bottled water sanitation has for many years been one of the important functions of the Bureau, little publicity has been given the subject and it is quite possible that few realize that the various bottled waters seen on the market are under the strict supervision and control of the State Board of Health.

The use of bottled water for drinking in Florida is quite extensive, principally because of the tastes and odors resulting from the high mineral content in many of the municipal supplies. Practically all municipal water supplies in the State are derived from deep underground sources, generally the Vicksburgian Limestone area. Considered from a sanitary standpoint the supplies possess excellent qualities, free from excessive bacterial counts and contamination of a potentially dangerous character. However, some of these underground supplies have chemical qualities which are objectionable to the initial users. An excessive hydrogen sulphide content is disagreeable to taste and smell; hardness is objectionable, and in some instances a slight degree of salinity or saltiness is present in the water. Because of these chemical objections in some of the public supplies the bottled water industry has gained much ground.

BUREAU OF SANITATION

The annual consumption and sale of bottled water in Florida, as stated above, is quite extensive, and is almost wholly dependent upon the belief in the purity and wholesomeness of the water offered in such form. Realizing this, and in an effort to protect those purchasing bottled water on the market as well as to regulate and protect the industry itself, the Bureau promulgated Rule No. 26, which was passed by the Board. The Rule governs the manufacture, importation and bottling of water for sale in the State. It further requires that all bottlers of water shall secure a permit from the State Board of Health before placing their product on the market for sale and provides for the revocation of such permits where deemed advisable.

Previous to granting a permit for the sale of bottled water the bottler must furnish complete and satisfactory detailed information under oath pertaining to his bottling establishment and water. Inspection is made of the plant and source of supply by a representative of this Bureau and plans and specifications for proper layout of the plant are furnished as well as instructions concerning bottling procedure. In considering permits for bottled water plants particular attention is paid to: (1) method of washing, cleaning and sterilization of bottles; (2) use of washing powders or sterilizing agents; (3) facilities for washing; (4) filling apparatus; (5) filters or strainers where used; (6) cleanliness and neatness of establishment and employees; (7) manner in which corks and caps are kept; (8) method of draining bottles; (9) protection from dirt and dust; (10) protection of cap and cork.

In accord with the above regulations, copy of chemical analyses of the water as delivered is provided by the bottler and at regular intervals samples of the bottled product as prepared for the market are submitted to the laboratory of the Bureau for bacteriological examination. Samples are also procured from the market or delivery trucks, and these are examined to note sanitary quality of the water produced.

This regulation also provides for the control of bottled water imported into the State and through the cooperation of other State Health Departments we are furnished with copies of their inspections of those plants. Samples of water as prepared for sale on the market and shipped into the State are submitted for the regular bacteriological examinations.

This department discourages as much as possible the opening of new bottled water concerns, because of the dangers involved in the handling and bottling of this product. The permits issued by the State Board of Health cover only the bacteriological or sanitary quality of the product. No responsibility is accepted for the therapeutic claims made by the bottlers.

The Federal Food and Drug Administration is very strict on the labeling of water shipped interstate in which medicinal claims are made, and the Bureau cooperates with the Federal Government in the elimination of indiscriminate labeling whenever possible.

BUREAU OF PUBLIC HEALTH NURSING**Ruth E. Mettinger, R.N., Director****NURSING SERVICE IN THE SCHOOLS OF A FLORIDA
COUNTY, 1934-1935**

The following is an account of the work of nurses in the white and colored schools of a Florida County during the school year 1934-1935. An average of one hour a week was spent in each school.

The schools were visited at a day and hour decided upon with the principal. On her weekly school visits, the nurse saw children with health problems referred to her by the teachers; gave brief health talks in class rooms; and discussed health problems with the teachers. Where requested she assisted with medical examinations made by the doctor.

Very little work was done in the exclusion of children suspected of having communicable diseases, since the nurses' visits were far apart, and the teachers were in the habit of excluding suspicious cases, which were generally referred to the nurse for a visit to the home.

Children with health problems or with symptoms of defects which needed correction were followed into the home to enlist the cooperation of the parents. A report of inspection in the school and of visits to the home was made on the school inspection record of the individual child. In many schools the nurse worked in close cooperation with the Child Welfare Committee of the Parent-Teachers' Association in selecting and helping children in need of hot lunches, milk and cod liver oil. She also assisted this committee to arrange for correction of urgent defects where the parents could not afford to secure such corrections.

In the fall, special attention was given to the nutritional needs of the children, both in cooperation with the P.-T. A., as mentioned above, and in interesting the smaller schools to provide a hot lunch. One nurse reports, "Outstanding interest and cooperation from one colored school was shown by the raising of funds to equip a kitchen in which to serve noonday lunches." It was found that in many schools soap and towels were not provided in the wash room. The teachers said that the children were so wasteful it was impossible to keep the wash rooms supplied. The nurse worked with the teachers to secure the interest of the children in cleanliness. Aside from the health hazards involved in the neglect of hand washing, the school that did not provide these facilities was setting a poor standard for the child in his home. Many of the skin infections so prevalent in the schools result from a lack of cleanliness. One nurse reports that following emphasis on the use of soap and water, "for the first time in six months, one particular school was free from sores."

BUREAU OF PUBLIC HEALTH NURSING

The procedure in communicable disease control is best illustrated by extracts from the narrative reports of the nurses: "Several cases of scabies were excluded from school by the teachers. Home visits were made by the nurse and the parents were instructed in proper treatment. On the revisit to the home, it was gratifying to see that instructions had been followed." "With the splendid cooperation of the parents and teachers we have been able to make wonderful progress in the control of contagious diseases in the schools." "In one school where the principal was indifferent, whooping cough and measles have been quite prevalent."

The nurses and teachers assisted with the immunization program carried out by the district health officer of the State Board of Health. In preparing for his visit, the teachers issued consent slips to the parents on which to indicate the kind of immunization the child was to receive. These slips, signed by the parents, were collected and kept in the teachers' desks until the doctor visited the school. Very few parents refused to sign the slips. This was no doubt due to talks given to the P.-T. A. on the use of toxoid in preventing diphtheria. The value of the Schick test for the child of school age was shown by the fact that only one child in five was Schick-positive, or in need of immunization against diphtheria. The other four children were spared the discomfort of the inoculation, and the State was saved the expense of the toxoid.

In addition to the all too prevalent defects of teeth and tonsils, other cases needing special medical care have been found. Most of this care has been secured through clinics and hospitals, financed in some instances by service clubs or other community organizations. In a small proportion of the cases the family has been able to employ private medical care. A few extracts from the nurses' reports show the range of illness: "I have found two positive cases of hookworm and referred them for treatment." "Have secured eye examinations for two school children; one, a high school student who has been out of school on account of her eyes, and I hope to obtain glasses for her so that she may return to school after the holidays."

During a special weight-gaining drive, which one of the primary teachers was stressing, a short talk was given to the pupils by the nurse who outlined several simple rules upon her weekly visit to the school. She found that each undernourished child had a bottle of milk on his desk. Parents have evidenced their interest and cooperation in buying extra milk for children. A number of the nurses were qualified as first aid instructors, and offered to teach classes in the upper grades. Much interest was shown by teachers and pupils in first aid classes. Since the junior course was taught, the students were not required to have text books. The class at the colored school raised money by subscription to purchase two Red Cross first aid

BUREAU OF PUBLIC HEALTH NURSING

text books, and the class at the white school raised enough money by a ball game to purchase four books. These books go into the school library.

In all of the work, the nurses felt keenly the disadvantages of such a limited service as they could give. It is difficult to measure the work in figures, and there is no doubt that many minor corrections were made which were not reported. Home visits will be made through the summer to secure further corrections and to try to improve home conditions so that more children will return to school next September in good health.

COUNTY HEALTH WORK

J. T. Googe, M.D., Acting Director

LOCAL HEALTH PROGRAM

Full time cooperative county health work was begun twenty-five years ago. At the present time there are more than 500 county health departments in the United States. Three such departments are functioning in Florida. Some sister southern States have as many as fifty organizations of this kind. The Florida State Board of Health for many years has been looked upon by public health men throughout the country as a strong central department, compared with similar departments in other States, while as regards adequate local health service, this State is generally regarded as being less well provided for. The State is loser as a result of the latter condition. Not alone has the commonwealth failed to obtain valuable financial aid because of this condition, but the loss of life as reflected in the high death rates from tuberculosis, infant mortality, malaria and the high maternal death rate (the highest of any of the States) has been appalling. Under the cooperative county health unit, or department, plan, financial assistance from the United States Public Health Service, Rockefeller Foundation, the Commonwealth Fund, Milbank Fund and other outside agencies may be obtained. Such aid has gone in abundance to Alabama, Georgia, South Carolina, Mississippi, and other States. Florida has, because of not being organized to receive this cooperative assistance, lost thousands of dollars.

Activities of local health departments include the following:

1. Health bookkeeping by counties.
2. Control and prevention of preventable diseases, both acute and chronic, including such diseases as diphtheria, smallpox, scarlet fever, malaria, infantile paralysis, meningitis, etc., and tuberculosis, pellagra and the venereal diseases.
3. Teaching health and providing health promotional machinery to expectant mothers, infant and pre-school children, and school children.

COUNTY HEALTH WORK

4. Sanitation of the environment. The latter general activity includes screening, safeguarding water and milk, protecting food supplies, control of fly and mosquito breeding, and lastly and probably most important of all, providing for the sanitary disposal of human waste.

This State is looked upon by people from other sections of the country as a playground and health resort. The climate, the abundance of vitality giving sunshine, citrus fruit, and fish in abundance providing for this leisurely sport, are natural factors that rightfully place the State well in the forefront as a place where people may not only remain well, but where those who are ill from many causes may regain good health. The State has taken the opportunity to acquaint all sections of the country with these facts.

To further bolster the State's claim to her rightful place as the most healthful of all the States, every county alone, or in cooperation with other counties, should provide for adequate local health promotion and protection. The State Board of Health is now in a position to assist the counties in this connection.

Results of such activities should include a reduction in certain morbidity figures, notably those of malaria, hookworm, diphtheria and tuberculosis; and in death rates of tuberculosis, malaria, maternal and infant causes.

Florida should lead the way in local health work.

BUREAU OF LABORATORIES

John Phair, M.D., Assistant Director

BACTERIOLOGICAL AND CHEMICAL LABORATORY

In his report for 1900, Dr. J. Y. Porter, Sr., then State Health Officer, made the following recommendation. The status and conduct of the laboratory could not be better defined and there is little use to attempt further comment.

"At this age of the world's history, when entering the 20th century of growth and when science in its developments and applied methods is disclosing what hitherto has been considered mysteries in disease production, no government, whether National, State or Municipal, is well equipped unless provision is made to acquire knowledge calculated to insure the safety of the public against disease through an investigation of causes which, lead-

BUREAU OF LABORATORIES

ing to uncorrected influences, tends to multiply agencies destructive to health and life. Therefore, it would seem to be a measure of practical economy as well as enhancing the happiness of the citizens, to be able to early ascertain the cause of disease, by applying remedies to discover the same. On the other hand, it would tend to enrich the commonwealth by ascertaining and destroying micro-pathological life—the “pestilence which walketh in darkness” before it has time to exert disastrous consequences upon the people.

“The necessity for a well-equipped establishment of the character outlined, is too apparent to require much argument to explain the benefits which would result to the people of the State in an almost immediate recognition of micro-organisms producing certain disorders and an early determination by a differential diagnosis of diseases which at the commencement of sickness closely resemble each other, and where a recognition, within a few hours would through known remedies prevent a serious prolongation of illness, if not a saving of life itself.

“Much more could be presented in support of the argument that a Bacteriological and Chemical Laboratory is the most important accessory to a board of health, and that to accomplish satisfactory results in health supervision and management such an establishment is demanded and it is thought enough has been said already and sufficient evidence to convince the Board and the people of the State of the desirability of instituting under its immediate control a scientific investigation of this nature. There is but one thing which can be urged in opposition to the proposition and that is the matter of expense. Can it be said to be true economy to oppose this measure? Can it be intelligently argued that means which will discover disease agencies, correct evil influences against healthful living and prolong life are extravagant or cannot be afforded by the State when employed for the benefit of the people who contribute to that purpose? The truest argument, for economy in health management is the one that advocates an expenditure of money that will accomplish results—a life saved, sickness averted, or disease arrested, cannot be computed in dollars and cents and the life of an intelligent and useful citizen saved to the State is worth many times over what it cost to successfully administer a State Board of Health.”

BUREAU OF LABORATORIES

Paul Eaton, M.D., Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF NOVEMBER, 1935

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	3443	1935	301	113	48	5840
Diphtheria	1260	702	63	1114	76	3215
Typhoid	973	312	38	56	32	1411
Malaria	1783	332	55	34	256	2460
Rabies	15	—	—	1	—	16
Tuberculosis	220	150	33	71	14	488
Gonorrhea	1030	362	171	206	62	1831
Kahn	5004	3009	366	2251	288	10918
Water	—	34	2	194	—	230
Milk	395	323	59	379	42	998
Miscellaneous	651	33	111	244	59	1098
	14674	7192	1199	4563	877	28505

Specimen containers distributed 11820

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	100 Packages
	5,000 units	32 Packages
Schick		5480 Tests
Toxoid		1023 C. C.
Typhoid Bacterin		2640 Treatments
Vaccine Virus		712 Capillaries
Antirabic Virus		33 Treatments

BUREAU OF LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF DECEMBER, 1935

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2119	2304	94	102	146	4765
Diphtheria	1185	384	33	621	35	2258
Typhoid	592	203	13	40	29	877
Malaria	2072	233	24	27	131	2487
Rabies	11	7	—	1	—	19
Tuberculosis	237	146	19	80	22	504
Gonorrhea	801	318	159	226	55	1559
Kahn	4720	2406	271	3680	210	11287
Water	—	39	1	144	—	184
Milk	253	328	97	410	45	1133
Miscellaneous	486	19	36	180	69	790
	12476	6387	747	5511	742	25863

Specimen containers distributed..... 8000

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	60 Packages
	5,000 units	10 Packages
Schick		900 Tests
Toxoid		1267 C. C.
Typhoid Bacterin		2300 Treatments
Vaccine Virus		1066 Capillaries
Antirabic Virus		46 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD BE
DIRECTED TO THE STATE LABORATORY, STATE
BOARD OF HEALTH, JACKSONVILLE, FLORIDA

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D.P.H., Director

AUTOMOBILE ACCIDENT DEATHS (11 MO.) 1935*

During the first eleven months of the calendar year 1935, there was a total of 509 deaths registered charged to automobile accidents. Of this number, 382 were white and 127 colored.

The increasing death rate from automobile accidents is causing deep concern of the thinking people of our nation. In order that ways and means may be put into effect to protect the lives of our citizens, full cooperation is necessary from all concerned. Since the deaths are registered with the Bureau of Vital Statistics, it may be helpful to publish some facts gleaned from the original death certificates filed in Florida. A questionnaire was mailed out in connection with every death from automobile accident in an effort to find the exact location of the accident in all cases where the information was not included on the first report. Deaths in the nation are registered at the place of death. Therefore, when studying deaths from automobile accidents, it is quite important that the place of the accident be designated. Of the 509 deaths registered from this cause, complete returns have been secured as to the place of accident of 414. With this information, tabulations appear on the following pages giving the place of accident and the place of death by counties and by cities of 2,500 population and over.

From the tables published herein, it is interesting to note that in the city of Fort Lauderdale, nine (9) deaths occurred from automobile accidents, while there was not a single accident in the city of Fort Lauderdale which caused a death either in the city or elsewhere. There were twenty-four (24) cities in Florida in which there was not a single automobile accident resulting in the loss of human life during the first eleven months of 1935. There were five (5) counties in Florida in which there was no automobile accident resulting in death for the same period.

The figures presented in these tabulations are the result of cooperation between the various states and those responsible for filing death certificates. The allocation of records is quite important to a state similar to Florida where we have so many winter visitors. Transcripts of death certificates for those visiting in Florida are allocated back to the residence of the deceased. This allocation of records is carried on through the cooperation of the State Vital Statistics Bureau and the United States Bureau of the Census. All transcripts of death certificates for non-residents are forwarded to the United States Bureau of the Census and from there distributed back to the states month by month.

*Read before the third annual Safety Conference, Jacksonville, January 15-16, 1936.

BUREAU OF VITAL STATISTICS

Automobile Accident Deaths by Cities, Place of Accident and Number of Deaths Resulting; also, Actual Place of Death Regardless of Place Accident Occurred. First Eleven (11) Months, Florida, 1935.

CITIES 10,000 AND OVER POPULATION

CITY	PLACE OF		CITY	PLACE OF	
	Accident	Death		Accident	Death
Ft. Lauderdale	0	9	Orlando	7	12
Gainesville	0	7	West Palm Beach	8	16
Lakeland	0	3	St. Petersburg	11	11
St. Augustine	0	3	Tampa	18	35
Sanford	0	3	Jacksonville	21	46
Key West	1	2	Miami	43	51
Daytona Beach	4	13			
Tallahassee	4	9			
Pensacola	6	18			

CITIES 5,000 TO 10,000 POPULATION

CITY	PLACE OF		CITY	PLACE OF	
	Accident	Death		Accident	Death
Clearwater	0	1	Miami Beach	1	1
Ft. Myers	0	1	Plant City	1	2
Palatka	0	4	DeLand	2	5
River Junction*	0	0	Bartow	3	4
*State Hospital	0	0	Ocala	3	9
Sarasota	0	1	Winter Haven	3	4
Bradenton	1	5	Panama City	5	9
Coral Gables	1	4			
Lake Worth	1	2			

CITIES 2,500 TO 5,000 POPULATION

CITY	PLACE OF		CITY	PLACE OF	
	Accident	Death		Accident	Death
Apalachicola	0	1	Avon Park	1	3
DeFuniak Springs	0	1	Eustis	1	0
Fernandina	0	0	Ft. Pierce	1	4
Haines City	0	0	Hollywood	1	0
Kissimmee	0	4	Lake City	1	5
Melbourne	0	2	Lake Wales	1	1
New Smyrna	0	0	Leesburg	1	2
Palmetto	0	0	Live Oak	1	0
Perry	0	0	Manatee	1	1
Pompano	0	0	Tarpon Springs	1	1
Quincy	0	1	Hialeah	2	1
Sebring	0	1	Marianna	2	4
Winter Park	0	0	Wauchula	2	1
Arcadia	1	3			

BUREAU OF VITAL STATISTICS

Automobile Accident Deaths by Counties, Place of Accident and Number of Deaths Resulting; Also Actual Place of Death Regardless of Place Accident Occurred. First Eleven (11) Months, Florida, 1935.

COUNTY	PLACE OF		COUNTY	PLACE OF	
	Accident	Death		Accident	Death
Calhoun	0	1	Columbia	4	7
Gilchrist	0	1	Hardee	4	2
Glades	0	1			
Santa Rosa	0	1	Broward	5	9
Sarasota	0	1	Gadsden	5	7
			Highlands	5	5
DeSoto	1	4	Jefferson	5	3
Dixie	1	0	Madison	5	4
Flagler	1	1	Putnam	5	8
Franklin	1	1			
Gulf	1	1	Indian River	6	6
Hamilton	1	1	Lake	6	7
Hendry	1	0	Leon	6	14
Hernando	1	1	Levy	6	3
Lee	1	3			
Liberty	1	1	St. Lucie	7	6
Okeechobee	1	1			
Pasco	1	1	Alachua	8	11
Seminole	1	3	Brevard	8	8
Sumter	1	0	Jackson	8	7
Union	1	1	Marion	8	13
Wakulla	1	0			
			Bay	9	11
Charlotte	2	0			
Holmes	2	1	Manatee	10	11
Lafayette	2	2			
Martin	2	2	Escambia	11	27
Monroe	2	2	Polk	11	16
Osceola	2	4			
Taylor	2	1	Pinellas	13	14
Walton	2	3			
Washington	2	4	Orange	15	16
Citrus	3	3	Volusia	18	22
Clay	3	3			
Nassau	3	2	Palm Beach	20	26
St. Johns	3	5			
Suwannee	3	0	Hillsboro	40	44
Baker	4	4	Duval	41	56
Bradford	4	6			
Collier	4	3	Dade	61	69



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge

Vol. 28

MARCH, 1936

No. 3

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

NEW HEALTH UNITS—*Googe*

PUBLIC HEALTH NURSE—*Mettinger*

THE LOCAL OYSTER HOUSE—*Kennedy*

THEIR RIGHTFUL HERITAGE—*McPhaul*

FUNCTIONS OF A LABORATORY—*Phair*

CERTIFIED COPIES AND SEARCHES—*Thompson*

W. A. McPHAUL, M.D., STATE HEALTH OFFICER
Jacksonville, Florida

BOARD MEMBERS

N. A. Baltzell, M.D., Pres.
Marianna

Harry Dash Johnson, M.D.
Daytona Beach

R. L. Hughes, M.D.
Bartow

STATE HEALTH OFFICER

W. A. McPhaul, M.D.

BUREAUS AT JACKSONVILLE**DIRECTORS**

Laboratories.....	Paul Eaton, M.D., D.P.H.
*Vital Statistics.....	Stewart G. Thompson, D.P.H.
Epidemiology.....	John Phair, M.D. (Acting)
Sanitation.....	T. S. Kennedy, M.D.
Public Health Nursing.....	Ruth E. Mettinger, R.N.
Accounting.....	G. Wilson Baltzell
Librarian.....	Elizabeth Bohnenberger
County Health Work.....	J. T. Googe, M.D. (Acting)

*Registration Inspector.....	Anna C. Emmons
Drug Store Inspector.....	M. H. Doss
Assistant Drug Store Inspector.....	Frank S. Castor

LABORATORIES

Jacksonville.....	Pearl Griffith, B.E.
Miami.....	E. R. Powell
Pensacola.....	Nina Branch
Tallahassee.....	Estelle Bryan
Tampa.....	H. D. Venters, B.S.

MEDICAL OFFICERS

DeFuniak Springs.....	C. W. McDonald, M.D.
West Palm Beach.....	Leland H. Dame, M.D.
Jacksonville.....	Paul G. Shell, M.D.
Tallahassee.....	H. A. McClure, M.D.
Tampa.....	C. W. Pease, M.D.

DISTRICT SANITARY OFFICERS

Jacksonville.....	Fred A. Safay
Marianna.....	David B. Lee
Ocala.....	C. A. Holloway
Orlando.....	Russell Broughman
West Palm Beach.....	S. D. Macready

PUBLIC HEALTH NURSES

Lake City.....	Johanna L. Sogaard, R.N.
Marianna.....	Lalla Mary Goggans, R.N.
Tampa.....	Julia O. Graves, R.N.

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
------------------	--

MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M.D. (U. S. Public Health Service)
-------------------	---

CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
--------------	--

DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. H. Pickett, M.D.
Marianna, Jackson County.....	Frank V. Chappell, M.D.

HARRY DASH JOHNSON, M. D.

Dr. Harry Dash Johnson, of Daytona Beach, died after a few days illness, February 27, 1936, at his home, 350 South Palmetto Avenue.

He was born February 13, 1877 in Jersey City, New Jersey. He was licensed to practice medicine in Florida August 15, 1921, and for ten years previous had practiced in New York City.

He was a graduate of New York University and received his medical degree from Bellevue Hospital Medical College in 1897.

He was appointed to membership on the Florida State Board of Health in June, 1933, and served as a member of this Board until his death. He was fraternally affiliated with the Masons and the Elks; member of the Episcopalian Church; member of the Volusia County Medical Society; member of the Florida Medical Association and a member of the American Medical Association.

The members and employees of the State Board of Health deplore the removal from our midst of one of our respected Board members, Dr. Harry Dash Johnson, and we the Board members and employees of the State Board of Health express our sorrow in the passing of Dr. Harry Dash Johnson.

ADMINISTRATION

W. A. McPhaul, M.D., State Health Officer

THEIR RIGHTFUL HERITAGE

Nearly a decade ago, while the writer was engaged in public health work in North Carolina, there appeared in the North Carolina Health Bulletin a cartoon that attracted much attention. This cartoon was drawn by a young man who at that time was serving a term in the State's Prison. He must have known something about the disasters that overtake many young people, or his thoughts would not have prompted him to sketch this cartoon. No doubt he was thinking of "what might have been" had he followed the laws of clean living.

The picture on back cover of this issue of our bulletin tells a story all its own, but innumerable stories of the lowest type can be conceived from this drawing which is, we regret to say, too true to life in thousands of cases. Excessive indulgence in the use of alcohol, long hours at dancing, loss of sleep, emotional excitement mean "burning the candle at both ends."

In condemning the riotous living of the younger generation, let us not indict the entire youth of the country, for there are thousands of high-minded, clean young men and women who abhor the excesses indulged in by some of their young friends as well as their elders. The ridiculous and eternal seeking for excitement—seeking what? Certainly not peace of mind and contentment which mean happiness. What does it all lead to? Leaving out the moral issue, how does cigarette smoking and drinking affect the mental and physical development of the adolescent? It is not necessary to dwell on the absolute necessity of breathing into our lungs pure and fresh air. This cannot be done when one inhales smoke that permeates every cell of the body by being mixed with the oxygen of the air which we inhale at each breath. Every breath of this is poison to our bodies and dwarfs the growth of our cells in the body. This is a proven fact.

Alcohol is the greater of the two evils. There is no question but that its excessive use is most dangerous not only to the tissues of the body but also to the mind. The excessive use of alcohol will dim the intelligence, dull the judgment and affect muscular action. It will poison the entire system. Its excessive use affects the tissues and organs directly and indirectly. Especially is this true of the stomach, liver and kidneys, which in turn affect the circulating system, causing high blood pressure, diseases of the heart, the brain and the nervous system.

Knowing these facts, should not everyone emphasize *moderation*, thereby helping to protect our splendid young Americans from this so-called popular way of living, this popularity that is sapping their

ADMINISTRATION

young vitality, and emphasize further the true and right way of building up a greater and finer young manhood and womanhood, a strong body and clean brain? This is their rightful heritage. Let there be moderation in all things.

BUREAU OF SANITATION

T. S. Kennedy, M.D., Director

THE LOCAL OYSTER HOUSE*

For the past several years, since the Bureau has been responsible for the direct supervision of the sanitation and operation of shell and shucked stock oysters in the State, many articles and much descriptive literature has appeared explaining the Bureau's function in this matter and the reason why only certified oysters should be purchased by the consumer. In all of this information, little or no mention has been made of what is termed a "Local Oyster House"; that is, the small one-man operated plant that dispenses oysters only to local trade.

To explain the local oyster house, give the general public an idea of just what can be expected from such a place is the intent of this article.

Interstate oyster certification had its beginning during 1925 following the typhoid epidemics in Chicago and New York the previous year. The United States Public Health Service minimum requirements for shellfish sanitation were used in this work, and under this ruling the first oyster sanitation work of the Bureau was undertaken. Operating under this United States Public Health Service ruling all interstate shipments of oysters were inspected; oyster houses meeting these requirements were given certificates under which their products might be shipped out of the State. It was not until 1932 that the State Board of Health Rule 102 (modified in 1935 to Rule 102-A) was adopted, and oyster houses that year were certified by the Bureau for both interstate and intrastate shipments. Rule 102-A is drawn in conformity with federal regulations.

The reason for the creation of the term "local oyster house" is this. During the regular inspection of all oyster houses in the State by the United States Public Health Service representative before the passage of the State Board of Health oyster regulation, it was found that a number of small houses handling only a small output daily were desirous of receiving approval of their method of operation. These plants, though operated in a sanitary manner with proper water supply and sanitary facilities, were not able to come up to some of

*By Fred A. Safay, District Sanitary Officer.

BUREAU OF SANITATION

the standards of the minimum requirements as regards equipment. The skimmers, cookers and other utensils used in these houses were not of the standard type approved for a certified house. The United States Public Health Service representative did not approve these plants for interstate shipment. It was then that the Bureau realized that these plants would exist and if not controlled by permit of the State Board of Health would, no doubt, develop into what is known as bootleggers and, as such, cause serious trouble and confusion. To receive cooperation of these plants and have them under the direct control of the Bureau, with the aim of improvement to meet the full certification, the term "local oyster house" was coined and a certificate with a permit number was assigned to each house. These permits are definitely marked "local" on all lists sent out by the Bureau. The oysters handled in a local house are, of course, taken only from approved areas as is the case with the larger houses and the sanitary quality of these oysters is the same as those produced in an interstate house.

Since 1931, in many instances the oyster house that started operation as a local has developed into a very creditable interstate house. It is the intention of the Bureau to encourage these houses to equip themselves for regular certification. In some instances, however, this is not possible, since the small dealer desires to remain in the local class and has no intention of expanding his business to the extent that interstate shipments would be possible. The products from the local house are seldom found outside of the city or area in which it is located.

Representatives of the United States Public Health Service have not looked with much favor upon these local places. Still they can appreciate the Bureau's position and the fact that it is only through this designation that we are able to exert strict direct control over a place not capable of coming under the certification.

As mentioned in previous publications of the Bureau, only permitted oysters should be purchased. The public is protected in this manner, since all certified oysters, whether from an interstate or local house, are clearly and distinctly marked with the certificate number of the dealer on the container.

Be Safe — use only certified oysters originating in a house permitted and supervised by the State Board of Health.

COUNTY HEALTH WORK**J. T. Googe, M.D., Acting Director****NEW HEALTH UNITS**

Beginning March first, two new county health units are to start functioning; one in Broward County and the other in Taylor County. The former is to be a five-piece organization composed of a medical director, sanitary officer, two public health nurses and a secretary. Offices will be maintained in both Ft. Lauderdale and Hollywood. In Taylor County the personnel will consist of a medical director, sanitary officer, public health nurse and secretary.

Other counties scheduled soon to begin, under tentative plans and budgets, include Duval, Madison, Gadsden, Pinellas, Brevard, Monroe, Hillsboro, and a district composed of Martin, Indian River and St. Lucie Counties.

Florida for many years has been regarded as having inadequate local health protection, though it has been looked upon as having a good central, or State Health Department. In each area in which local health work is to be undertaken the interest of physicians in the area concerned has been the large factor in inaugurating the program. This is as it should be. The planning of the program and executing of the activities of the health department is done in cooperation with and with the advice and guidance of the local medical and dental societies.

The aims of public health work include lowering of certain death rates, prevention of certain illnesses, promoting physical and mental efficiency and extending the average life span.

Great strides can be made in these accomplishments by directing activities against specific diseases and conditions existing in the state. This state has long been looked upon as presenting public health problems in the following preventable diseases: malaria, tuberculosis and syphilis. Malaria, while existing to some extent in practically all parts of the state, takes its heaviest toll between and around the Suwannee and Chattahoochee Rivers. Tuberculosis is existent in all parts of Florida. A number of counties have a very definite tuberculosis problem. This disease exacts its heaviest toll among the colored population, the death rate being two or three times that for the white population. Syphilis is a disease chiefly of urban areas and the colored people. So common is this disease among adult colored people that the routine blood Wassermann is regarded as an essential part of an examination of such people.

Hookworm is found generally throughout the rural white population. This is not a common malady found among negroes.

COUNTY HEALTH WORK

The maternal death rate for this state has been pointed to as one of the highest among the states. For several years past it has been the highest. This cause of death could within a short time and without great effort be reduced fifty per cent.

Included in activities of the new health departments will be efforts at reducing these diseases and deaths from them. Cooperative professional and community efforts will produce best results.

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF FEBRUARY, 1936

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2390	2256	201	190	49	5086
Diphtheria	963	260	69	1042	32	2366
Typhoid	651	226	21	90	40	1028
Malaria	1228	228	20	38	135	1649
Rabies	18	7	1	3	—	29
Tuberculosis	346	193	29	95	27	690
Gonorrhea	1057	376	185	322	58	1998
Kahn	6302	3044	394	4720	330	14790
Water	—	31	3	176	—	210
Milk	274	383	25	641	142	1465
Miscellaneous	831	22	60	300	102	1315
	14060	7026	1008	7617	915	30626

Specimen containers distributed.....10688

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	62 Packages
	5,000 units	29 Packages
Schick		3690 Tests
Toxoid		593 C. C.
Typhoid Vaccine		264 Treatments
Vaccine Virus		484 Capillaries
Antirabic Virus		33 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD
BE DIRECTED TO THE STATE LABORATORY, STATE
BOARD OF HEALTH, JACKSONVILLE, FLORIDA

BUREAU OF LABORATORIES**John Phair, M.D., Assistant Director****THE FUNCTIONS OF A DIAGNOSTIC LABORATORY**

As was shown in the last issue of this publication, a State Board of Health cannot function effectively without its own laboratory where aid in making diagnosis can be furnished not only to the organization but to the physicians of the state.

One of the primary purposes of the laboratory is aiding in the diagnosis of communicable diseases. This function may be divided into three parts:

- (1) To diagnose the disease in the individual.
- (2) To furnish information of the prevalence of the disease in the state.
- (3) To aid in the control of the disease.

The laboratory reaches the people of the state through their private physicians as the material is secured by them and sent to the laboratory. The reports are sent back through them and are also used by the Health Department as a basis for a study of the prevalence of a particular disease or diseases.

The State Board of Health is dependent upon the private physician through his reporting of cases of communicable diseases, to determine when, where and to what extent disease prevails in the state. Any service that the laboratory can give these men is a small return or reward for their services in this matter and for their support of the other activities of a health program.

Another purpose of the laboratory is to aid the epidemiologist in his investigations of epidemics by checking the sources of infection. Therefore, the relationship with him must be very close.

A third purpose is found in the aiding of those bureaus that have control of the public health aspects of food control, particularly milk sanitation. In this connection, these bureaus must rely upon the laboratory to check their field work.

A fourth purpose, that cannot be fulfilled in Florida at the present time due to the press of routine work, is the study of problems that continually present themselves, such as the development of new tests, modifications of techniques and various improvements in methods. A compromise is necessary and it may be possible that in the future, the routine diagnostic work can be handled in such a fashion that investigations of various kinds, that are greatly needed at the present time, can be carried on.

BUREAU OF PUBLIC HEALTH NURSING**Ruth E. Mettinger, R.N., Director****VITAL STATISTICS AND THE PUBLIC HEALTH NURSE**

Once a year, the Central Bureau of Vital Statistics asks the nurses of the State Board of Health to concentrate on securing unreported births in their districts.

Too much stress cannot be placed on the importance of this work. A birth certificate is a necessary and important part of every person's equipment. It is the duty of every parent to see that the birth of his child is registered. In later years the child will need it if he should want to travel to other countries; he will need it perhaps to prove his right to share in an estate; he may need it to prove his age, to prove his nationality, to prove his right to hold, buy or sell real estate, to establish his right to vote, to obtain settlement of insurance. These are just a few of the many advantages of having one's birth a matter of legal record.

The responsibility for seeing that a child's birth is registered rests not only with the physician and the midwife, but also with the parent. In a matter which is so important for the child's future well-being, it should be the duty of every parent to make sure that the registration of his child's birth has been attended to.

This is an opportunity for the public health nurse to accomplish some valuable health education. In the daily rounds of her visits, the nurse can make it a point to explain to the parents the importance of birth registration, and can impress on them the necessity for making sure that their child is registered.

For the month of January, all State Board of Health nurses were asked to help with this important work.

The following are a few excerpts from the nurses' January reports:

"Only one unreported birth has been found this month. I was on duty in this county during the annual birth check-up last year, so made a point to check up during my rounds and consequently have found quite a number unreported from time to time — found four in one family. I have made announcements regarding this annual check-up in my Home Hygiene Classes and am sure they will cooperate to the best of their ability."

"A survey is under progress in birth registration; one class in Home Hygiene and Care of the Sick is conducting a very interesting project in getting births registered."

"While attending a parent education class I made a check-up on an unregistered midwife who delivered many babies in this poverty-stricken community. Knowing of her negligence in reporting births, I

BUREAU OF PUBLIC HEALTH NURSING

questioned her and learned that she had delivered eight babies whose births had not been reported to the registrar. The homes of the babies were visited and necessary data for registration secured."

This is a contribution which the nurse can make as part of the Public Health Program and is time and effort wisely spent.

Miss Joyce Ely, Supervisor of Midwives for the State Board of Health, tendered her resignation, to take effect January 1st. Miss Ely has done valuable work in Florida, and we are very sorry to lose her from the organization. Our best wishes go with her for the future.

HISTORY REVEALS FIRST CANCER CURE

Queens and Princesses are Frequent Sufferers

While the cure of early cancer is recognized as a comparatively recent achievement, Dr. James A. Tobey brings out the interesting fact that a cancer was successfully cured some twenty-five centuries ago. His article, "Cancer Among Princesses and Queens of History," appears in the February *Hygeia*.

While the celebrated Greek physician Democedes was a prisoner in warlike Persia in the middle of the sixth century before the Christian era, he was brought into the court of Darius I, who greatly needed medical help. Democedes rendered valuable medical aid to the king but performed an even more conspicuous service for his consort, Queen Atossa. The Greek doctor succeeded in curing a cancer of the breast. As reward he was sent on a secret mission to Greece, during which he escaped and returned to his home.

The ailing Atossa was perhaps the first in the long line of queens who have been known to be victims of cancer. Throughout recorded history the disease has harassed those in high positions as frequently and as impartially as it has the obscure.

Among the famous royal women of history mentioned in the article as having suffered from cancer was Anne of Austria, wife of Louis XIII of France and mother of the reigning king, Louis XIV. She died in 1666 from breast cancer. The unfortunate queen had waited too long to seek even such treatment as was available.

MOVIE of a HEALTH DEPARTMENT PREVENTING an EPIDEMIC

MONDAY. Routine examination by microscope shows suspicious germs in samples of raw milk being delivered by A. J. Milkman to his customers this morning.

Germs are found that look like chains or strings of tiny dots. These are "streptococci" and are the kind that cause septic sore throat. Milk-borne epidemics are often very serious.

TUESDAY. Samples are taken of every can of milk that comes into the bottling plant and are examined immediately. A. J. Milkman is as anxious as anybody to find out where the trouble lies.

A can of milk from this dairy farm was the only one that contained the "streptococci." This is a very clean place. These germs do not come from dirt, but direct from the cow. It will be easy now to find the guilty one.

WEDNESDAY. Here she is. She looks as healthy as any cow; no wonder nobody knew she was sick. She is quarantined and her milk will be thrown away until she can be cured.

We might not be so lucky in finding the trouble so soon the next time. Only 15 cases of septic sore throat were reported but in a few more days there might have been hundreds. From now on all milk from all dealers must be pasteurized. *Dead germs cannot do any harm.* A. J. Milkman is a hearty supporter of this new ruling.



BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D.P.H., Director****SEARCHES AND CERTIFIED COPIES**

Beginning March 1, 1936, the statutory fee of fifty cents will be charged by the State Board of Health for certified copies of birth and death records and a fee of fifty cents will be charged for each hour or fractional part of an hour of time of searching when searches are made but no certified copy is issued. In other words, a fee of fifty cents will be charged for searching the files for

each birth or each death record and if the record is not found the fifty cents will be retained by the State Board of Health as a service charge for making the search. If the record is found and a certified copy issued, there will be no additional charge for the certified copy.

For many years the State Board of Health waived the fees on searches and certified copies under a provision of the statute. At the last meeting of the State Board of Health the resolution was passed which dispensed with the waiving of the fees and will require the State Board of Health to collect from the applicant fifty cents for searching the files for each birth and each death record and the charging of fifty cents for each additional copy after the first certified copy.

The resolution of the State Board of Health adopted February 11, 1936, and put into effect March 1, 1936, follows:

“RESOLVED, That the State Registrar do henceforth charge and collect from any applicant for making and certifying copies of the records of births and deaths the fees provided for by Section 2091, Compiled General Laws of Florida.

“AND, FURTHER, That said State Registrar, is authorized to charge and collect as provided by said statute for searching the files and records where no certified copy is made; all fees collected pursuant hereto to be reported and accounted for according to law.”

The above resolution is based on Section 21, Chapter 6892, Acts of 1915, which reads as follows:

“2091. State Registrar, on request, to furnish certified copy of record; fee; certified records prima facie evidence.—That the State Registrar shall, upon request, supply to any applicant a certified copy of the record of any birth or death registered under provisions of this chapter, for the making and certification of which he shall be entitled to a fee of fifty cents, to be paid by the applicant. And any copy of the record of a birth or death, when properly certified by the State Registrar, shall be prima facie evidence in all courts and cases of the facts therein stated. For any search of the files and records when no certified copy is made, the State Registrar shall be entitled to a fee of

BUREAU OF VITAL STATISTICS

fifty cents for each hour or fractional part of an hour of time of search, said fee to be paid by the applicant: Provided, That the State Board of Health may waive any or all of the fees required under this Section. And the State Registrar shall keep a true and correct account of all fees by him received under these provisions, and turn the same over to the State Treasurer."

The following list of newly licensed funeral directors has been submitted by the Secretary of the State Board of Funeral Directors and Embalmers for Florida. Local registrars are requested to add these names to the last printed list in order that their files may be complete.

Name	Address	License No.
G. C. Turner, Bradenton, Florida		295
R. C. Conrad, Inverness, Florida		297
I. D. Upton, Miami, Florida		298
John L. Battise (c), Fernandina, Florida		299
Mae Van Dike (c), St. Augustine, Florida		300
Max Starks (c), Orlando, Florida		301
Leo J. Morrill, St. Petersburg, Florida		302
Nathaniel J. Williams (c), St. Petersburg, Florida		303
L. D. Wolfe, Milton, Florida		304
L. L. Richardson (c), Miami, Florida		305
Ray Williams (c), Tampa, Florida		306

REDUCE THE RISKS OF MOTHERHOOD*

Mother's Day has taken on added significance during these past few years because of the movement to bring to the attention of the nation the needless waste of life of mothers in childbirth and to develop better maternity care.

A special effort is being launched for the sixth time this year through the Maternity Center Association with the keynote: **Early and Adequate Care Reduces the Risks of Motherhood: Father Plays a Leading Role.**

Experts tell us that over half of our maternal mortality of 15,000 a year could be prevented. In 8,000 homes last year mothers died who did not need to die. They were homemakers of 8,000 families in many of which were children.

It is needless to point out the social consequences of these deaths. Broken homes with their attendant problems help to fill the delinquency courts, to bring family strife and disaster to many young lives.

The crime of it is that although we know enough to prevent these deaths, they are not being prevented. The general death rate never was lower. Diphtheria and tuberculosis are on their way out as

**Released by The Maternity Center Association, 1 East 57th Street, New York, which upon request will gladly supply suggestions for the conduct of special Mother's Day educational efforts in local communities.*

BUREAU OF VITAL STATISTICS

public health problems. We know enough to reduce maternal mortality as much as tuberculosis has been reduced during the past quarter of a century. But the death rate among mothers has remained nearly stationary since we have had statistics in the United States.

It is also interesting to note that maternal deaths last year were nearly half as numerous as automobile fatalities, about which the nation was so thoroughly aroused. There were 15,000 known maternal deaths compared with 36,400 automobile deaths.

It also does not redound to our credit that the maternal mortality rate in the United States is one of the highest in the world. While this statement has been questioned from time to time because of the different methods of classification of deaths in various countries, the United States Children's Bureau in a recent study of the subject (Comparability of Maternal Mortality Rates in the United States and Certain Foreign Countries, 1935, Publication 229), declared that "No matter what method of procedure is used, the United States retains an exceedingly high rate as compared with other countries."

What is Adequate Maternity Care?

If these deaths are preventable, how, then, can they be prevented? It boils down to a six-fold program:

1. A complete medical examination early in pregnancy.
2. Regular and frequent medical supervision of prospective mothers.
3. An aseptic delivery under the supervision of an obstetrician.
4. Supervision, care and instruction until the mother is able to resume her work.
5. Examination of the mother at six weeks, three months, six months and one year after the baby is born.
6. Arrangements for continuous medical supervision of the baby.

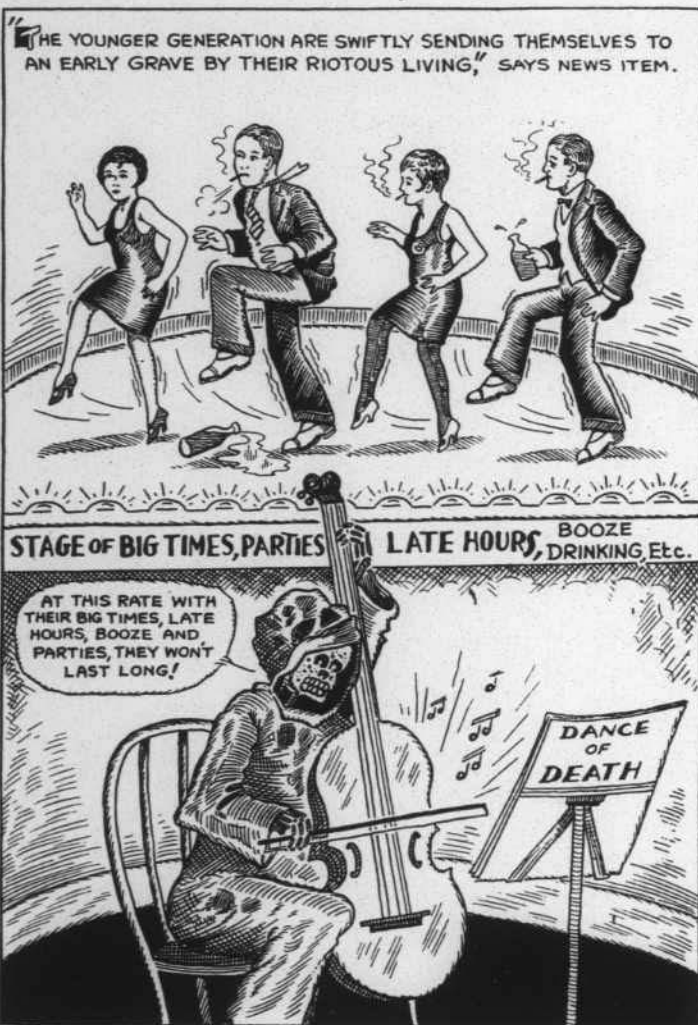
Upon Whom Does the Responsibility Rest?

First, upon the prospective parents themselves. One of the purposes of this special Mother's Day effort is to tell expectant mothers what care they should have. The late Dr. Whitridge Williams of Johns Hopkins University said: "When the women of America realize the value and need for maternity care they will demand it. Then and only then will they get it."

Second, upon the medical profession generally and each member of that profession who cares for pregnant mothers. This group as a whole is struggling virtually unaided in many communities.

Third, the social and health agencies, public and private. The duty of this group is to find mothers in early pregnancy and to direct them to places where adequate care is given.

Do not let another Mother's Day pass without taking the first step in your community toward making maternity safe.



Courtesy North Carolina Health Bulletin

W T CASH LIBRARIAN
FLA STATE LIBRARY
TALLAHASSEE FLA

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921
at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912
This Bulletin will be sent to any address in the State free of charge

Vol. 28

APRIL, 1936

No. 4

Edited by
STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

MATERNITY AND INFANCY—*Havey*

STANDARDS AND ACTIVITIES—*Phair*

SERVICE TO CRIPPLED CHILD—*Mettinger*

EXPANDED PUBLIC HEALTH PROGRAM—*McPhaul*

MARRIAGES, DIVORCES AND ANNULMENTS, 1935—*Thompson*

W. A. McPHAUL, M.D., STATE HEALTH OFFICER
Jacksonville, Florida

BOARD MEMBERS

N. A. Baltzell, M.D., Pres
Marianna

Shaler Richardson, M.D.
Jacksonville

R. L. Hughes, M.D.
Bartow

STATE HEALTH OFFICER

W. A. McPhaul, M.D.

BUREAUS AT JACKSONVILLE**DIRECTORS**

Laboratories.....	Paul Eaton, M.D., D.P.H.
*Vital Statistics.....	Stewart G. Thompson, D.P.H.
Epidemiology.....	John Phair, M.D. (Acting)
Sanitation.....	T. S. Kennedy, M.D.
Public Health Nursing.....	Ruth E. Mettinger, R.N.
Accounting.....	G. Wilson Baltzell
Librarian.....	Elizabeth Bohnenberger
County Health Work.....	J. T. Googe, M.D.

*Registration Inspector.....	Anna C. Emmons
Drug Store Inspector.....	M. H. Doss
Assistant Drug Store Inspector.....	Frank S. Castor

LABORATORIES

Jacksonville.....	Pearl Griffith, B.E.
Miami.....	E. R. Powell
Pensacola.....	Nina Branch
Tallahassee.....	Estelle Bryan
Tampa.....	H. D. Venters, B.S.

MEDICAL OFFICERS

DeFuniak Springs.....	C. W. McDonald, M.D.
West Palm Beach.....	Leland H. Dame, M.D.
Jacksonville.....	
Tallahassee.....	
Tampa.....	C. W. Pease, M.D.

DISTRICT SANITARY OFFICERS

Jacksonville.....	Fred A. Safay
Marianna.....	David B. Lee
Ocala.....	C. A. Holloway
Orlando.....	Russell Broughman
West Palm Beach.....	S. D. Macready

PUBLIC HEALTH NURSES

Lake City.....	Johanna L. Sogaard, R.N.
Marianna.....	Lalla Mary Goggans, R.N.
Tampa.....	Julia O. Graves, R.N.

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
------------------	--

MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M.D. (U. S. Public Health Service)
-------------------	---

CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
--------------	--

DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. H. Pickett, M.D.
Marianna, Jackson County.....	Frank V. Chappell, M.D.
Ft. Lauderdale, Broward County.....	Paul G. Shell, M.D.
Perry, Taylor County.....	H. A. McClure, M.D.

ADMINISTRATION

W. A. McPhaul, M.D., State Health Officer

AN EXPANDED PUBLIC HEALTH PROGRAM FOR FLORIDA WITH FUNDS FROM THE SOCIAL SECURITY ACT

The Social Security Act recently passed by the United States Congress carries many features which are highly significant to public health in Florida.

Under the provisions of this Act funds are made available to Florida, as to other states, whereby the State Board of Health will be able to expand its public health program.

This larger program has two main objectives: the strengthening and broadening of the central health organization, and the establishment and maintenance of local health service. Briefly, this means that the central organization will be placed on a broader basis of efficiency and utility than ever before possible, and that emphasis will be placed on the local or county health unit as the basis of state-wide public health service.

The central office will benefit by the addition of several new bureaus: the Bureau of Maternal and Child Health, a Division of Oral Hygiene, the Bureau of Local and County Health Work, a Tuberculosis Field Unit, a Mobile Health Unit.

The Bureau of Maternal and Child Health will be under the direction of a physician specially trained in this phase of public health work. Florida has the highest maternal mortality rate of any state. It will be the function of this Bureau to make every effort through educational methods to reduce this rate. It will have supervision over the extension of maternal and child health services to all parts of the state.

The work of the Division of Oral Hygiene will be mainly educational and will include the teaching of the importance of proper mouth hygiene, demonstration examinations, lectures in schools and other organizations, and the distribution of suitable literature on the subject of oral hygiene.

The Bureau of Local and County Health Work is established to supervise and promote the extension of public health work to every county or district of Florida, through the medium of full-time local health units. The establishment of these local health units, which will bring health service to all parts of our state is one of the main objectives of the expanded health program. It is one of the most important steps in the history of Florida public health.

The Tuberculosis Field Unit will be in charge of an expert tuberculosis clinician, and will include a staff consisting of a white nurse, a colored nurse, and an x-ray technician. The tuberculosis problem in Florida is an important one among both races, and especially among the negroes, and the necessity for such a service as the Tuberculosis Field Unit will render is apparent. No patients will be examined by the clinic except those referred by physicians.

ADMINISTRATION

The personnel of the Mobile Health Unit will be the same as that of the established county health unit. It will make special health studies in various sections of the state and will carry out demonstration health programs.

The present Bureau of Sanitation will include the services of a trained sanitary engineer. This Bureau which has supervision over malaria control, water supplies, rural sanitation, shellfish sanitation, etc., will be maintained at a high standard of efficiency.

The Central Laboratory will be enlarged by the building of an annex which will provide much needed room for the extensive service of the laboratory. New equipment will be purchased and new technicians with laboratory experience employed.

BUREAU OF PUBLIC HEALTH NURSING

Ruth E. Mettinger, R.N., Director

THE NURSE'S SERVICE TO THE CRIPPLED CHILD

The word "orthopedic" usually brings to mind a child in a wheel-chair, on crutches, or in braces. However, this word "orthopedic" has various shades of meaning. To the experienced, it carries the thought of bone and joint tuberculosis, palsy, faulty posture.

Many children with a crippling condition can be adjusted to their difficulties and helped to progress with the normal group, and they should be allowed and encouraged to do so. Therefore, any crippled children's program must be threefold: to secure for every child the best physical condition possible for him to attain, to give him the best education he is capable of assimilating, and to provide him vocational rehabilitation whenever it is possible; in other words, to place the crippled child on a level with the normal child as near as is practicable.

The academic work should differ little from that of the regular school curriculum. Only when the child cannot benefit by this and is unable to adjust himself to the usual school program should special educational facilities be provided.

The idea that every child with a physical handicap has an angelic disposition, and a special talent or gift which in some way compensates for his misfortune, is erroneous. On the contrary, these children are often so babied and pampered by their families that it is almost impossible to live with them. Then again, they are so wracked with pain that they are irritable, peevish and domineering. Parents need to be helped and guided to treat these children as they would a completely normal child, to make them independent and resourceful members of society. The crippled child is a human being, subject to the same whims and fancies as any other person. If he is to grow to any satisfactory sort of life, he must be taught self-control as the normal child is taught.

BUREAU OF PUBLIC HEALTH NURSING

The nurse can do much in assisting and guiding the parents of the crippled child, but she must bear in mind that each case is an individual problem.

A nurse conducting a generalized public health nursing program has a greater opportunity to find such cases. She not only extends her services to the sick poor but to all classes. It does seem, then, that a crippled children's program should be included in a generalized program.

Community interest in orthopedics is a fairly recent development. The former lack of interest may have been due to the failure of the public health workers to educate the public as to the needs and benefits of preventive and corrective measures.

It is apparent that very little has been done for the crippled child in the home. Miss Edith Reeves, in her book, "Care and Education of Crippled Children," published by the Russell Sage Foundation, recognizes five different forms of work for crippled children—orthopedic hospitals, convalescent hospitals or homes, asylum homes, dispensaries, and special day schools only. She also emphasizes, as the work develops, the fact that a crippled child is not simply an isolated "case" for surgical treatment, or a "special problem" educationally, but is also a human being, and that his development toward the standard of normal living is possible only if he is considered as a member of the family and a part of the community as a whole.

Too few people realize that the hospital experience of a crippled child is only one step, and by no means the most difficult one when the child has physical limitations. What happens to the child before and after he is seen in his romantic and appropriate hospital setting?

In recent years there has developed a realization of the need for orthopedic nursing, and many of our larger visiting nurse associations are extending this phase of the nursing program. The orthopedic staff of the Brooklyn Visiting Nurse Association knows the life history of many crippled children in Brooklyn. While a large portion of the work is with the after-care of poliomyelitis patients, there are also cases of birth palsy, fracture, and faulty posture. Whatever the condition, the nurse persistently follows and assists the patient as long as the need exists. She knows the child over a period of years, in the hospital, convalescent home, in the natural environment of his own home, and in his school. It is often the nurse's part to readjust home conditions as well as to teach the child to readjust himself to his own physical limitations.

In the Chicago Visiting Nurse Associations which are developing a specialized orthopedic staff for follow-up work, a nurse entering the orthopedic division is given from a month to six weeks of intensive class work, observation and practice. The practice work is secured under the direction of the visiting nurses in the special school for crippled children. Afternoons and Saturday mornings are devoted to class work observa-

BUREAU OF PUBLIC HEALTH NURSING

tion in clinics and hospitals, and with other nurses in the field. A background of public health nursing produces a much better orthopedic nurse. The specialized orthopedic nurses are always selected from the regular staff on the basis of their fitness for and interest in this type of work.

The public health nurse engaged in work for crippled children should be familiar with the procedure for rehabilitation of handicapped individuals, and with the facilities for specialized vocational training.

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF FEBRUARY, 1936

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites.	3142	2047	141	137	153	5620
Diphtheria	782	451	65	694	43	2035
Typhoid	618	186	13	61	27	905
Malaria	796	186	20	33	111	1146
Rabies	15	4	..	1	...	20
Tuberculosis	309	88	29	61	24	511
Gonorrhea	1058	313	180	262	80	1893
Kahn	5367	2261	296	3118	266	11308
Water .....	....	82	5	200	...	287
Milk	271	415	158	525	90	1459
Miscellaneous ...	754	31	41	334	43	1203
	<u>13112</u>	<u>6064</u>	<u>948</u>	<u>5426</u>	<u>837</u>	<u>26387</u>

Specimen containers distributed 11154

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin.....	10,000 units	54 Packages
	5,000 units	25 Packages
Schick	1200 Tests	
Toxoid	586 C. C.	
Typhoid Vaccine.....	3440 Treatments	
Vaccine Virus	1203 Capillaries	
Antirabic Virus.....	38 Treatments	

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD
BE DIRECTED TO THE STATE LABORATORY, STATE
BOARD OF HEALTH, JACKSONVILLE, FLORIDA

BUREAU OF LABORATORIES
John Phair, M.D., Assistant Director

**STANDARDS AND ACTIVITIES OF A PUBLIC HEALTH
LABORATORY**

Standards:—

An important function of the public health laboratory such as the Bureau of Laboratories of the Florida State Board of Health is the setting of standards of procedure for other laboratories within the jurisdiction of the health department.

This point is not emphasized to a great extent in Florida but we hope to bring it about by setting an example that would be difficult to ignore.

The quality of the work of a public laboratory must be above reproach for the local administrative officer in his work of combating disease must accept its findings. Also, the results must be such that the physicians will accept them because poor work would prejudice them against laboratory work in general and the people of the state would be without this service.

Activities:—

When the important factor in the laboratory diagnosis is speed, a local service is much more effective than the large central laboratory. For this reason, the Florida State Board of Health has four branch laboratories, located in strategic points in the state: Pensacola, Tallahassee, Tampa and Miami.

The larger central laboratory in Jacksonville carries out the same activities as the smaller local laboratories and, in addition, has special activities that are feasible when done on a large scale.

**MATERNITY AND INFANCY AS A PART OF THE
GENERALIZED PROGRAM***

I. MALINDE HAVEY, R.N.
American Red Cross, Washington, D. C.

Public Health in itself today is so great a part of our whole economic, social and educational structure, that it can no longer be considered as an independent function. The passage of the Security Act is an evidence in this direction. While our greatest interest lies in the funds that may or may not be derived through the U.S.P.H.S. and through the Children's Bureau, these amounts in themselves are small in comparison with the sums needed for old age pensions, unemployment relief and Social Security as such. No one phase of the Social Security Plan is sufficient in itself; it requires all in order to make it complete.

*Read before the Seventh Annual Meeting of the Florida Public Health Association, Inc., Orlando, December 2-4, 1935.

Following this composite a bit further, Public Health Nursing must, in order to be useful, be also a part of the whole. Therefore, in a well organized State Health Department, such as I consider Florida's to be, Public Health Nursing is set up as a bureau—to serve all the other bureaus, such as Child Welfare, Communicable Diseases, Health Education, etc. A Public Health Nursing Service separate and independent, with no relation to the whole, would be of small value to the State Health Officer, in his attempt to provide the State of Florida with efficient health service.

Four years ago it was my pleasure to attend the Florida Public Health meeting and to outline some suggestions relative to the place of Public Health Nursing in a State Department. I am quoting from that speech:

"In Florida, as elsewhere, Public Health activities took a decided bound immediately after the war and during the real estate boom. Here, as elsewhere, the State matched Shepard-Towner funds and created a Bureau of Child Hygiene similar to other bureaus, such as Sanitation and Communicable Disease. Here, as in some other states, public health nursing became a part of the Bureau of Child Hygiene—not because the Child Hygiene Bureau wished to monopolize Public Health Nursing, but rather because it was the one bureau which had funds and was for the time developing and financing local services and employing public health nurses to do the work. The states which set up this dual bureau of child hygiene and public health nursing employed for its director either a doctor or a public health nurse. Since then some have found it well to divorce these two activities and to appoint a doctor in charge of child hygiene—and rightfully so—and a well qualified nurse in charge of a separate bureau of public health nursing.

"I believe that since public health nursing affects many departments and activities other than child hygiene and infant welfare, and since public health nursing is important enough to occupy at least 45 per cent of a well-balanced community health program, this particular activity would function to greater advantage if the State Department had a separate bureau for it."

In that speech I made the following recommendations:

"1. A Bureau of Public Health Nursing within the State Department of Health coordinating with other divisions, with a director responsible to the State Health Officer. The functions of this bureau would be to determine general program standards and methods of procedure.

"2. Two or possibly three field supervising nurses responsible to the Director of the Public Health Nursing Division for the conduct of the whole program, and to the District or County Health Officer, if one is employed, for local application.

"These field supervisors should be selected according to the needs. One might be an expert in maternity, infancy and child hygiene, in order to give special emphasis and supervision to local programs through field visits, district institutes, state-wide meetings, correspondence and other

promotional means. One field supervising nurse might well be an expert in pre-school and school nursing, charged with this phase of the program.

"Tuberculosis, orthopedics, communicable disease, mental and social hygiene would also need to be considered. The personnel in the Bureau of Public Health Nursing should be conversant with these outstanding activities and able to render the service and supervision which each would warrant in local public health nursing programs."

This was four years ago. I congratulate Florida on the adoption of that plan. While the coordination of all its nursing activities into one department to serve the whole may have met with some indigestion pains, one cannot question the soundness of coordinating its nursing activities under one bureau, which in turn provides service to the various programs carried by the State requiring Public Health Nursing Service.

Let us take a look at the content of a Public Health Nursing Program. First of all — what is it?

"Public Health Nursing is an organized community service rendered by graduate nurses to the individual, family and community. This service includes the interpretation and application of medical, sanitary and social procedures for the correction of defects, prevention of disease and the promotion of health, and may include skilled care of the sick in their homes."

Its general objectives are:

1. To assist in educating individuals and families to protect their own health.
2. To assist in the adjustment of family and social conditions that affect health.
3. To assist in correlating all health and social programs for the welfare of the family and the community.
4. To assist in educating the community to develop adequate public health facilities.

The A.P.H.A. Appraisal Form tells us that a well balanced health budget should allot 40 to 50 per cent of its funds to Public Health Nursing. I need not dwell on the reasons for that to a group such as this, except to say, that we as Public Health Nurses have an important and responsible function to perform.

No one appreciates more than I, however, the perplexing problems which confront all Public Health Nursing Administrators and Public Health Nurses in attempting to meet the responsibility of providing adequate nursing service for communicable disease control, immunization, maternity and infancy, tuberculosis and care of the sick.

Specialists in each field feel, and justly so, that no one can be successful in being a "Jack-of-all-trades." Many here will remember the hours we used to spend at meetings such as this, debating the question of specialization versus generalization. But being on the generalized side, I have

noted with interest and satisfaction the trend toward generalization, brought about through logical reasoning and forced economy.

Specialization in some one activity, such as Maternity and Infancy, or Tuberculosis in the earlier days, was fostered through interest on the part of some community group. As the need for each increased, organizations sprang up like mushrooms, each carrying its special pet, working independently and becoming more and more convinced, that it alone must exist for the sake of humanity. Some of these were financed through private funds and others through public appropriations. (I know of one city today where there are twelve different health organizations still carrying on.) For the past several years, however, there has been a gradual amalgamation and pooling of interest of these agencies in many communities.

Minneapolis, Minnesota, and Grand Rapids, Michigan, are outstanding examples of such combinations. In each of these I believe this was the hardest nut to crack: they each had child welfare organizations. All were excellent, but they found it difficult to combine their work with that of other agencies, especially when it meant placing their own programs under services with standards which they considered beneath those they had fought to establish. So far as I know, however, there has been no retardation in the work itself or a letting down of standards because of these amalgamations. If anything, I would say there has been acceleration.

To what degree is Maternity and Infancy carried in local health programs? In the Survey of Public Health Nursing conducted by the N.O.P.H.N., which included a study of some 28 cities, towns and counties in different parts of the country, representing a good cross-section as to race, nationality, climate, and occupation, such as farming and manufacturing, it was found that in these 28 communities there were 68 official and non-official Public Health Agencies, as follows:

21 public health nursing associations, including all organizations privately administered and receiving all or part of their funds from private sources, such as visiting nurse associations and Red Cross nursing services.

18 departments of health.

18 boards of education.

4 industrial nursing services.

3 insurance company services.

2 tuberculosis associations.

1 university teaching district.

1 children's clinic.

Of these 68 agencies, 57 fall into the first three groups.

In these it was found that generalized nursing services were more usually among the Public Health Nursing Associations than among Departments of Health.

There is not time to relate some of the many interesting facts revealed by the Survey except to mention those which deal particularly with my subject today, "Maternity and Infancy." I shall cover these only.

1. **Prenatal Care**—Very little on the whole was done. Few facts could be tabulated because there were inadequate records! Can you believe it?

2. **Delivery Care**—Slightly more than one-third of the Public Health Nurses Associations and none of the Departments of Health provided nursing service for home delivery. While it is recognized that delivery service is the most expensive type of service to provide and the most complicated to administer, it is felt that from a public health standpoint it probably ranks highest in importance.

3. **Postpartum and Neonatal Care**—What did the study reveal here? More of the agencies covered this phase of the Maternity and Infancy Program. However, only one-third of the 31 agencies giving such service assisted in arranging for medical examination of the mother and baby at the end of the six weeks period. Since this is generally accepted as an important measure for the protection of the health of the mother and child, it presents to us something to think about and to consider more seriously than we have heretofore.

I have attempted to avoid statistics on Maternity and Infancy. Your State Department has them. I only want to say in relation to Maternity and Infancy, that while maternity mortality has dropped, we are still losing 13,000 mothers annually; two-thirds of these deaths are from preventable causes and are absolutely unnecessary, and that while the infant mortality rate has been cut in half, it can be cut in half again.

This is our challenge!

The Security Act provides that the Children's Bureau shall receive \$8,150,000; \$3,800,000 to be used for the extension and improvement of services for promoting the health of mothers and children.

Florida will receive its due share of this allotment, which will enable it to extend and improve its local Maternal and Child Health Services and to further cooperate with existing medical, nursing and welfare groups and organizations.

We look not only to Florida, but the entire country for better and more adequate facilities, for a more energetic interest and concern in the development of Maternity and Infancy programs.

I cannot emphasize too greatly the importance of this phase of our health work. Could we but give adequate attention to the mother during her prenatal period at the time of confinement and during her postpartum period, and the neonatal period of the child, and on up through the pre-school life of that child, I am convinced that the time now required in repairing and renovating the child after he enters school and later, could be greatly lessened.

THE TIRED CHILD IS USUALLY IN NEED OF THE PHYSICIAN'S CARE

"I just can't do anything with him." Many a mother is apt to introduce her child to the doctor with such a statement, which does not fail to register with the child. The right sort of doctor, according to Dr. Wingate M. Johnson in "The Tired Child" in the March *Hygeia*, will make a thorough study of the little patient.

Tonsils and adenoids have usually been removed but may still play a real villain's role by becoming a seat of further infection. Decayed teeth or infected sinuses may be present. Sometimes a "leaking heart" may be a souvenir of a previous attack of rheumatism. In the majority of cases, however, the examination simply discloses a thin, sallow child with flabby muscles, a prominent abdomen, coated tongue and a discontented expression.

Undoubtedly one of the chief causes of chronic fatigue in children is the modern public school system with its long hours and its Procrustean methods of forcing children, regardless of physical or mental ability, through the same processes.

More important than treatment is prevention of chronic fatigue, which should begin during infancy with long hours of sleep interrupted only by regular feedings, baths in water and sunshine, and the "mothering" permissible for a few minutes before each feeding.

Children should never be coaxed to eat but should have the proper food put before them and be told to "take it or leave it." If they refuse to eat the vegetables and meat let them do without the whole meal and get hungry enough to appreciate the next meal. If a child gets the idea he is conferring a favor on parents or nurse by eating, he will use this power to drive all sorts of bargains.

MODERN MOTHERS SHOULD NOT ACCEPT FALLACIES

An expectant mother or a mother with a new baby should live a normal, happy life, paying no attention to old-fashioned tales if she happens to hear them. If she remains calm and reasonably well the chances are that she will be able to nurse her infant and that all will be well for both mother and baby.

A correspondence with mothers, covering many years and embracing every state in the Union, as well as other countries, frequently reveals some astonishing theories, according to Dr. Emelyn L. Coolidge in "Some Facts and Fallacies About Babies" in the March *Hygeia*.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D.P.H., Director

MARRIAGES, DIVORCES AND ANNULMENTS



During the calendar year 1935, 21,670 marriages were performed in Florida as compared with a total of 22,751 for the previous year. The Legislature of 1927 made provision for the centralization of marriage and divorce records with the State Board of Health. The highest number of marriages performed since that date was 22,751 in 1934, and the lowest 15,301 in 1932.

There were 5,167 divorces granted in Florida during 1935 as compared with 4,842 for the previous year. The figure shown for 1935 represents the highest number of divorces granted for any one year, and the lowest number was 2,542 during 1932.

A total of 47 annulments were granted during 1935 as compared with 46 for the previous year. The lowest number for any one year since the enactment of the centralization law was for 1927, when there were 17 annulments granted.

Marriages Performed, Divorces and Annulments Granted, Florida, 1927-1935

YEARS	MARRIAGES	DIVORCES	ANNULMENTS
1935	21,670	5,167	47
1934	22,751	4,842	46
1933	18,205	3,532	23
1932	15,301	2,542	19
1931	17,336	3,563	26
1930	17,147	3,632	21
1929	18,198	3,773	20
1928	18,032	3,516	19
1927	18,602	3,965	17

AMENDMENT TO EMBALMERS' RULES

Section II, Rule 19, of the Rules and Regulations of the State Board of Funeral Directors and Embalmers for Florida as amended and adopted at a meeting of the State Board, February 27, 1936:

"All embalmers duly licensed under the laws of the State of Florida embalming a dead human body shall file an affidavit immediately **with the local Registrar of Vital Statistics** that he or she embalmed said dead human body or that said dead human body was embalmed under the direct supervision and control of said licensed embalmer. The failure to file said affidavit with said Registrar shall be sufficient cause for the revocation by the said Board of said embalmer's license."

Affidavits are required on **all embalmed** bodies before the local Registrar is authorized to issue burial, removal or shipping permits.

BUREAU OF VITAL STATISTICS

Marriages Performed, Divorces and Annulments Granted, By
Counties, Florida, 1935

COUNTIES	MARRIAGES	DIVORCES	ANNULMENTS
0. State	21,670	5,167	47
1. Alachua	324	62	—
2. Baker	474	16	—
3. Bay	254	46	—
4. Bradford	150	8	—
5. Brevard	190	32	—
6. Broward	1,412	43	—
7. Calhoun	125	24	—
55. Charlotte	114	17	—
8. Citrus	108	17	—
9. Clay	194	4	—
62. Collier	44	2	—
10. Columbia	210	41	—
11. Dade	1,793	1,155	13
12. DeSoto	116	11	—
56. Dixie	*120	24	—
13. Duval	1,699	814	12
14. Escambia	732	169	4
53. Flagler	145	10	—
15. Franklin	90	10	1
16. Gadsden	346	12	—
64. Gilchrist	88	3	—
57. Glades	77	9	—
65. Gulf	52	7	—
17. Hamilton	220	22	—
58. Hardee	**11	23	—
63. Hendry	54	3	—
18. Hernando	130	14	—
59. Highlands	104	17	—
19. Hillsboro	1,850	563	6
20. Holmes	192	16	—
66. Indian River	135	24	—
21. Jackson	411	52	—
22. Jefferson	202	12	—
23. Lafayette	*60	13	—

*Figures from County Judge—Original Licenses not received.

**County Judge made no reports—Marriages performed on Licenses secured elsewhere.

BUREAU OF VITAL STATISTICS

Marriages Performed, Divorces and Annulments Granted, By
Counties, Florida, 1935—(Continued)

COUNTIES	MARRIAGES	DIVORCES	ANNULMENTS
24. Lake	221	41	—
25. Lee	149	50	—
26. Leon	335	69	—
27. Levy	225	13	—
28. Liberty	50	5	—
29. Madison	231	15	—
30. Manatee	274	20	—
31. Marion	353	70	2
67. Martin	89	15	—
32. Monroe	140	41	—
33. Nassau	237	12	1
34. Okaloosa	241	20	—
54. Okeechobee	92	16	—
35. Orange	609	144	2
36. Osceola	246	27	—
37. Palm Beach	672	176	—
38. Pasco	242	13	—
39. Pinellas	924	267	—
40. Polk	919	261	1
41. Putnam	258	39	—
42. St. Johns	352	63	1
43. St. Lucie	153	37	1
44. Santa Rosa	405	22	—
60. Sarasota	227	107	—
45. Seminole	291	33	—
46. Sumter	145	30	—
47. Suwannee	206	31	2
48. Taylor	175	23	—
61. Union	90	7	—
49. Volusia	424	157	1
50. Wakulla	90	5	—
51. Walton	190	23	—
52. Washington	189	20	—



MILK, Clean, Fresh and Pasteurized, is the Most Nearly Perfect Food.

W T CASH LIBRARIAN
FLA STATE LIBRARY
TALLAHASSEE FLA

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge

Vol. 28

MAY, 1936

No. 5

Edited by
STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

FLY TIME—*Kennedy*
HEALTH EDUCATION—*McPhaul*
BRANCH LABORATORIES—*Phair*
SERVICES IN SANITATION—*Googe*
MAY DAY PROCLAMATION—*Mettinger*
INFANT MORTALITY, 1935—*Thompson*

W. A. McPHAUL, M.D., STATE HEALTH OFFICER
Jacksonville, Florida

BOARD MEMBERS

N. A. Baltzell, M.D., Pres
Marianna

Shaler Richardson, M.D.
Jacksonville

R. L. Hughes, M.D.
Bartow

STATE HEALTH OFFICER

W. A. McPhaul, M.D.

BUREAUS AT JACKSONVILLE**DIRECTORS**

Laboratories.....	Paul Eaton, M.D., D.P.H.
*Vital Statistics.....	Stewart G. Thompson, D.P.H.
Epidemiology.....	John Phair, M.D. (Acting)
Sanitation.....	T. S. Kennedy, M.D.
Public Health Nursing..	Ruth E. Mettinger, R.N.
Accounting.....	G. Wilson Baltzell
Librarian.....	Elizabeth Bohnenberger
County Health Work.....	J. T. Googe, M.D.

*Registration Inspector.....	Anna C. Emmons
Drug Inspector.....	M. H. Doss
Assistant Drug Inspector.....	Frank S. Castor

LABORATORIES

Jacksonville.....	Pearl Griffith, B.E.
Miami.....	E. R. Powell
Pensacola.....	Nina Branch
Tallahassee.....	Estelle Bryan
Tampa.....	H. D. Venters, B.S.

MEDICAL OFFICERS

DeFuniak Springs.....	
West Palm Beach.....	Leland H. Dame, M.D.
Jacksonville.....	
Tallahassee.....	
Tampa.....	C. W. Pease, M.D.

DISTRICT SANITARY OFFICERS

Jacksonville.....	Fred A. Safay
Marianna.....	David B. Lee
Ocala.....	C. A. Holloway
Tampa.....	Russell Broughman
West Palm Beach.....	S. D. Macready

PUBLIC HEALTH NURSES

Lake City.....	Johanna L. Sogaard, R.N.
Marianna.....	Lalla Mary Goggans, R.N.
Tampa.....	Julia O. Graves, R.N.

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
------------------	--

MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M.D. (U. S. Public Health Service)
-------------------	---

CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
--------------	--

DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. H. Pickett, M.D.
Marianna, Jackson County.....	Frank V. Chappell, M.D.
Ft. Lauderdale, Broward County.....	Paul G. Shell, M.D.
Perry, Taylor County.....	H. A. McClure, M.D.
Quincy, Gadsden County.....	C. W. McDonald, M.D.

ADMINISTRATION

W. A. McPhaul, M.D., State Health Officer

HEALTH EDUCATION

"The great epoch in public health whose end we have recently witnessed was characterized by the elimination of many heretofore dominant diseases by the agencies of public health legislation, and the employment of vaccines, sera, immunizing and sterilizing agents. During this period great things were done unto and for the people, who themselves contributed little or nothing. What had the population at large to do with the blotting out of smallpox, or of cholera, or of bubonic plague?

"But now those diseases which were subject to such mastery have already so been mastered. Today we find dominant the degenerative diseases, and those diseases which affect the emotional and psychologic aspects of human life. If we are to succeed in conquering these diseases, it will only be with the conscious cooperation of the individual in the community. We cannot hope for a vaccine to eradicate the various dementias, or for an antitoxin that will immunize an individual against unhygienic and irrational living habits.

"Public health education must therefore prove an important agent in the armamentarium of the public health doctor of today and tomorrow. It is and will evermore be the task of health education to impart basic knowledge relative to the prevention of diseases and the conservation of well-being. It will also be our task so to fashion our instruction that men will be not only informed but also persuaded."

Iago Galdston, M.D., in American Journal of Public Health, April, 1933.

The foregoing quotation is an expression of the newer idea in public health work; that we must make the people health-conscious, must educate them in proper principles of hygiene so that they may be able to live lives of the fullest measure of healthfulness. The great advances in preventive medicine and hygiene have made it possible for man to live his entire span without contracting any of the diseases such as diphtheria, typhoid, smallpox and tuberculosis, which formerly took inevitable toll of life. Many other ills are almost equally avoidable, if all people knew the means of prevention. As the author quoted says, we must not only inform, but persuade through health education that a large measure of good health is possible to all people.

BUREAU OF PUBLIC HEALTH NURSING**Ruth E. Mettinger, R.N., Director****A MAY DAY PROCLAMATION BY THE PRESIDENT OF THE UNITED STATES OF AMERICA**

Whereas, The Congress by joint resolution of May 18, 1928 (45 Stat. 617), has authorized and requested the President of the United States to proclaim annually May 1 as Child Health Day; and

Whereas, The health and security of its children are essential to the well-being of the Nation; and

Whereas, It is advisable this year as we launch the social security program to encourage by every possible means the development of plans to promote maternal and child health and to extend child-welfare services;

Now, Therefore, I, Franklin D. Roosevelt, President of the United States of America, do hereby proclaim and designate the first day of May of this year as Child Health Day and do urge all agencies, public and private, concerned with the health and welfare of children, on this day to study the plans for Federal, State and local cooperation in promoting the health and security of children, to note the extent to which those plans have so far been put into effect, and to make arrangements for carrying their benefits to the children in every county in the United States

In Witness Whereof, I have hereunto set my hand and caused the seal of the United States of America to be affixed.

Done at the City of Washington this thirteenth day of April, in the year of our Lord one thousand nine hundred and thirty-six, and of the independence of the United States of America, the one hundred and sixtieth.

(SEAL) FRANKLIN D. ROOSEVELT

By the President.

Cordell Hull,
The Secretary of State

Every day should be Child Health Day as the health of the children is worth any price. Miss Josephine Roche, Assistant Secretary of the Treasury, the department of which the United States Public Health Service is a part, states that "We can have no higher purpose than that of raising the level of child health and increasing the security of children," and urges that "Our objective should be to make each day in the year a Child Health Day."

Each community should consider it a duty to provide a healthful, sanitary environment for every child in that community. The common aim is to prepare the child physically, mentally, and morally to meet the responsibilities of tomorrow.

Not only should the laws of health be known, but they should be obeyed and put into practice if the child is to grow up healthy, hearty and

BUREAU OF PUBLIC HEALTH NURSING

happy. The body to function well must have proper food, an abundance of fresh air, plenty of exercise, adequate rest, sufficient sleep and personal cleanliness. Habit formation is recognized early in life. A habit is a thing so small we are unconscious of it until it grows so large we cannot lose it. The habits which are taught the child must not run contrary to normal functions of the mind and body.

Many children who attend school are far below the standard; therefore, the teacher as well as the parent should know what to do and how to do it in order to bring the child up to standard.

"The childhood shows the man
As morning shows the day."

—Milton.

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF MARCH, 1936

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites...	2970	2520	140	170	70	5870
Diphtheria	873	324	36	519	55	1807
Typhoid	717	251	24	64	20	1076
Malaria	839	252	34	32	160	1317
Rabies	22	1	..	1	...	24
Tuberculosis	330	184	31	65	24	634
Gonorrhea	1140	329	246	260	77	2052
Kahn	5752	2170	372	3023	368	11685
Water .....	...	47	6	226	...	279
Milk	273	355	175	423	102	1328
Miscellaneous	720	28	72	281	28	1129
	13636	6461	1136	5064	904	27201

Specimen containers distributed..... 8249

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin.....	10,000 units	43 Packages
	5,000 units	13 Packages
Schick		7000 Tests
Toxoid		1260 C. C.
Typhoid Bacterin		2912 Treatments
Vaccine Virus		975 Capillaries
Antirabic virus		19 Treatments

BUREAU OF LABORATORIES**John Phair, M.D., Assistant Director****THE ACTIVITIES OF THE BRANCH LABORATORIES**

Many types of work can be done satisfactorily by the branch laboratories, but others require work being done on a large scale with satisfactory equipment. However, when the important factor is speed the local service is more effective than the large central laboratory.

In general, the work of the branch laboratory includes the following types of tests:

- (a) Diphtheria diagnostic and release cultures.
- (b) Examination of sputum for the diagnosis of tuberculosis.
- (c) Smears for gonococci.
- (d) Blood films for malaria.
- (e) Stool examination for ova of intestinal parasites.
- (f) Examination of animal brains for the diagnosis of rabies.
- (g) Milk examinations:
 - (1) Bacteriological.
 - (2) Chemical:
 - A. Total fat.
 - B. Total solids.
- (h) Agglutination tests:
 - (1) Typhoid fever.
 - (2) Undulant fever.
 - (3) Typhus fever.
 - (4) Tularemia.

The agglutination tests listed at the end should only be performed when antigens that can be tested or made up under competent supervision can be furnished to the branches. These tests are best performed on a large scale but can be done when the condition stated above is met.

The branch laboratory acts as distributing center for biologicals and certain types of treatment that are furnished free to the physicians of the State for treating indigent patients. They distribute also the containers that physicians and local health officials use in sending specimens to the laboratory.

ARGYRIA IS A LIVELIHOOD TO THE CIRCUS "BLUE MAN"

The "Blue Man" is a familiar sight among the exhibits in the side show of a circus or a fair. His body is a pale, bluish color, his face, neck, forearms and hands a fairly dark slate blue. In "The Blue Man" in the March *Hygeia*, Dr. Arthur William Stillians describes him as a man who has put his silver into a bank from which no withdrawals are permitted. The man is using a few grains of silver distributed throughout his skin to furnish him a livelihood, a form of practical high finance which is peculiar in that it does no harm to others.

BUREAU OF SANITATION**T. S. Kennedy, M.D., Director****SUMMER TIME — FLY TIME**

The old adage — an ounce of prevention is worth a pound of cure — is especially true in fly control. So why wait until the fly is hatched and developed into a full grown insect? Start your campaign of eradication before he starts his life cycle. He is then much more easily controlled.

The female fly will lay about 120 eggs at one time. From egg to adult occupies from ten to fourteen days, and in the summer months we can expect twelve to fourteen generations of flies here in Florida. Take a pencil and paper and figure the number of children, grandchildren, and great-grandchildren of one female fly in three generations. Allowing 2,880 flies to the ounce, it has been estimated that the total product of a single fly in 40 days would equal 140 pounds, provided only one-half of them survived. It is easily seen why we should start the campaign against the fly in the early Spring.

The chief breeding place of the house fly is in horse or cow manure. They have been found breeding in human excrement, fermenting vegetables and putrefying animal matter, in the bedding in poultry pens and in garbage, all of which can be safely disposed of and deprive the fly of her breeding place.

The life cycle of a fly is divided into four stages: egg, maggot, pupa and adult fly. The eggs hatch into maggots in six to eight hours; the maggot is fully developed in four to five days; it then becomes the pupa; in another five days the pupal case opens and the adult fly appears.

We realize the danger of having flies in the house, know their habits; what are we going to do about it? Let them breed and try to keep them under control with fly swatters, fly paper and mechanical contrivances — or are we going to destroy their breeding places so they will not have a field for propagation? The latter, by all means, and so easily done. How? First, start at the stable; see that it is cleaned daily. It requires a certain amount of moisture for the eggs to hatch. If the manure is spread out in the sun, it will dry out. Do not let the manure collect in the stalls; if you want to keep it for fertilizer, place it in a screened box. It is much cheaper to buy screen and lumber to build a box than to pay doctors' bills or maybe funeral expenses.

Next, look to the garbage can; it should be water-tight with good cover. Do not let the garbage accumulate; frequently bury or burn it, preferably the latter. Do not empty the dish water out of the window.

BUREAU OF SANITATION

You would be surprised how many farm houses have an old iron kettle at the kitchen window to throw the dish water in, and it is always running over and the housewife can't understand where the flies are coming from. Next, is the toilet fly-proof? The pit privy is very inexpensive. If you have not a water supply with flush toilets, put in one by all means. A pit privy, properly built, will keep out the flies and keep in the hookworm. It is from human excreta that the germs of typhoid and other intestinal diseases are carried by the fly, from privy to food. Don't forget the baby's soiled clothing. Disease can be transmitted from one baby to another by not taking proper care of the soiled garments. Remember flies breed in filth, so do not have filth about your home.

As a rule the fly does not travel far from its breeding place, provided food is plentiful, but they have been known to travel for miles in search of food, have been found eight miles from point of liberation in less than a single day, and in one instance it was noted that the spread from point of release was 13.1 miles.

We know we cannot eliminate all the flies regardless of how careful we are with our premises, because, as stated above, they fly a long distance. We will protect our health by screening. Screen the home; screen the pantry; keep the food under screen; screen the baby's crib in the daytime while the little fellow is taking his nap.

The booklet, "The Filthy Fly," distributed by the State Board of Health describes the method of transmission of germs from dirt to food, etc. Copies are available for the asking.

COUNTY HEALTH WORK

J. T. Googe, M.D., Director

SERVICES IN SANITATION

One of the main activities of the extended health program of the Florida State Board of Health is the establishment and maintenance of local health services. Formerly, sanitary inspections were the most extensive activity of a well organized public health program, but in recent years other equally important activities have also been emphasized. Environmental sanitation is the basic activity of any local health department and must receive proper local consideration.

Environmental elements that must be considered by public health organizations are safe and adequate water supplies, sewage and waste disposal, safe and adequate food supplies, and control of disease-conveying insects.

The chief concern of the health department in regard to public water supplies is that the water shall come from an unpolluted source, shall be adequate for the people and safe to drink. Water purification is a highly

COUNTY HEALTH WORK

technical procedure, so that responsibility for supervision must be in the hands of a competent sanitary engineer. Certain routine and special activities, however, such as inspection of the watershed and collection of suitable samples for laboratory analysis, may be delegated to the sanitary officer of the local health department. Private water supplies, especially in thickly settled communities without a public water supply, require the close supervision of the local health department. The sanitary officer must understand the principles of construction and suitable methods of protection of private water supplies, make recommendations and give advice to home owners in regard to the construction of individual wells and protection of spring water supplies.

As in the case of municipal water supplies the sanitary officer of the local health department can perform only limited routine duties in the supervision of a municipal disposal system. Sewage disposal in individual homes, however, is a responsibility that is delegated solely to the sanitary engineer of the local health department. The methods used include septic tanks, cesspools and all types of sanitary privies. The sanitary officer must have a thorough knowledge of the proper construction and maintenance of all types of private disposal facilities, the advantages and disadvantages of each type of installation and should not only give advice as to the best type for each individual home, but should actively encourage home owners toward betterment of their sanitary facilities.

The necessity for an elaborate system to provide an adequate and safe milk supply for large municipalities emphasizes the complexity of the food supply problem. Careful supervision of dairies, meat markets and all food handling establishments must be included in the sanitary program of a local health department. Regular inspections of food handling establishments and regular health examinations of food handlers, together with a chronological record of sanitary improvements in each food handling establishment will do much to insure a safe food supply.

In some areas the control of disease-conveying insects is a very important public health function. This is true in Florida. The control of anopheles mosquitoes in order to prevent malaria, the control of fly breeding and the control of rat propagation in the prevention of typhus fever and plague are examples of this type of sanitation activity.

Public health work has expanded far beyond the realm of environmental sanitation, but the functions of a health department that pertain to sanitation of environment represent the earliest types of primary importance in every health service.

Local health departments in which the promotion of sanitation will be emphasized are to be inaugurated in Gadsden County on May 1, and in Pinellas County about June 1. The former is to be a six-piece organization, while the latter will have a personnel of eight workers. When these departments have been organized, a total of seven full-time organizations will be functioning in the State, providing services to more than 200,000 of the State's population.

HEALTHY LIFE AFTER FORTY REQUIRES CONSISTENT CARE

Periodic Examination is the Modern Way to Prevent Growth of Chronic Ills

A happy, healthy later life depends on the detection and treatment of disease prior to the age of 40. Dr. Samuel Morrison discusses the reasons for this statement in "Does Illness Begin at Forty?" appearing in the January *Hygeia*. He begins by asking, "Is it a mere coincidence that 40 marks the age at which the majority of individuals begin to see the physician more frequently?"

One obvious reason for the failure to secure adequate management of early disease is the ability of youth to resist disturbing symptoms temporarily. At 40, however, the accumulation of repeated mild illnesses begins to present symptoms which are more disturbing, less intermittent, and for the first time very significant as far as the host's general health is concerned.

The only saving factor in preventing serious or chronic illness at and after 40 is the present tendency toward periodic examination. This is a means by which early changes toward the abnormal may be discovered.

There are some changes which are to be expected with advancing years. Among these, arteriosclerosis, or hardening of the arteries, is easily recognized. Similarly a large number of cases of diabetes are discovered between the ages of 40 and 50. Middle life marks the period when most of the more serious forms of gastric disturbances first become manifest. Again careful investigation will discover that many of these disorders have their origin in youth.

When one realizes how many cases of cancer of the stomach are inoperable when discovered and how frequently the disease occurs, then the importance of careful periodic examination by a physician makes an indelible impression.

Much could be written concerning susceptibility and the lack of resistance in patients above 40 compared to those under 40. The physician repeatedly sees infected mouths, teeth and throats which are taking daily toll but have not been treated, principally because the individuals thus far have not begun to suffer any serious symptoms.

The rush of daily routine, worries, insomnia, hurriedly chewed and badly digested meals, excessive smoking and drinking must be governed by the state of well being of the individual organs of the body and not by the whole organism.

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D.P.H., Director

INFANT MORTALITY

During the calendar year 1935, there was a total of 1,730 deaths of babies under one year of age in Florida as compared with a total of 1,818 for the previous year. The 1935 infant mortality rate was 62 as compared with 68 for the previous year. During the year 1932, the infant mortality rate in Florida was 61 which was the lowest rate ever recorded in the State. The 1935 rate is the second lowest rate on record.



The following table indicates the rates by color and by years from 1917 to 1935, inclusive. The 1917 figures are the first figures on record in Florida. The information as to the number of infant deaths and infant mortality rates is also shown by color and by counties for 1935 as well as similar information for urban cities in Florida.

Infant Mortality—Deaths of Infants Under One Year of Age and Rates per 1,000 Live Births, by Color, Florida, 1917-1935.

YEARS	TOTAL		WHITE		COLORED	
	Deaths	Rates	Deaths	Rates	Deaths	Rates
1935	1,730	62	986	50	744	88
1934	1,818	68	1,011	54	807	100
1933	1,619	63	878	50	741	92
1932	1,680	61	940	50	740	86
1931	1,737	64	979	52	758	91
1930	1,729	64	928	50	801	95
1929	1,766	66	953	52	813	95
1928	2,000	67	1,123	54	877	96
1927	2,303	68	1,336	56	967	95
1926	2,614	75	1,545	62	1,069	108
1925	2,179	74	1,219	61	960	104
1924	2,182	82	1,259	70	923	107
1923	1,822	78	1,017	65	805	106
1922	1,691	77	997	65	694	104
1921	1,770	80	1,001	66	769	112
1920	1,835	94	1,031	76	804	134
1919	1,659	89	927	72	732	126
1918	1,947	107	1,148	91	799	145
1917	1,897	106	1,087	86	810	155

BUREAU OF VITAL STATISTICS

Infant Mortality—Deaths of Infants Under One Year of Age and Rates per 1,000 Live Births, By Color, By Counties, Florida, 1935

Counties	TOTAL		WHITE		COLORED	
	Deaths Under 1 Year	Rates per 1000 Births	Deaths Under 1 Year	Rates per 1000 Births	Deaths Under 1 Year	Rates per 1000 Births
0. State.....	1730	62	986	50	744	88
1. Alachua.....	46	67	13	38	33	96
2. Baker.....	13	72	5	40	8	143
3. Bay.....	25	54	19	49	6	81
4. Bradford.....	13	70	7	52	6	118
5. Brevard.....	13	65	4	34	9	110
6. Broward.....	38	89	12	54	26	129
7. Calhoun.....	17	78	14	77	3	88
55. Charlotte.....	3	77	3	103	0	—
8. Citrus.....	10	109	5	78	5	179
9. Clay.....	3	38	3	54	0	—
62. Collier.....	1	19	1	26	0	—
10. Columbia.....	13	40	10	48	3	26
11. Dade.....	160	63	94	50	66	105
12. DeSoto.....	14	79	13	89	1	32
56. Dixie.....	9	76	4	45	5	167
13. Duval.....	152	53	87	46	65	68
14. Escambia.....	105	86	77	80	28	106
53. Flagler.....	5	119	1	71	4	143
15. Franklin.....	11	71	7	68	4	75
16. Gadsden (Ex.)*	55	96	12	63	43	113
*State Hospital	0	—	0	—	0	—
64. Gilchrist.....	8	65	4	36	4	286
57. Glades.....	2	41	2	45	0	—
65. Gulf.....	6	80	2	47	4	125
17. Hamilton.....	13	58	8	58	5	59
58. Hardee.....	9	43	8	41	1	67
63. Hendry.....	5	85	1	21	4	364
18. Hernando.....	6	53	4	55	2	49
59. Highlands.....	13	71	6	45	7	143
19. Hillsboro.....	144	58	98	48	46	101
20. Holmes.....	22	64	21	63	1	100
66. Indian River.....	12	86	5	53	7	156
21. Jackson.....	33	39	15	29	18	54

BUREAU OF VITAL STATISTICS

Infant Mortality—Deaths of Infants Under One Year of Age and Rates per 1,000 Live Births, By Color, By Counties, Florida, 1935
(Continued)

Counties	TOTAL		WHITE		COLORED	
	Deaths Under 1 Year	Rates per 1000 Births	Deaths Under 1 Year	Rates per 1000 Births	Deaths Under 1 Year	Rates per 1000 Births
22. Jefferson	24	74	2	29	22	86
23. Lafayette	1	15	1	16	0	—
24. Lake	32	67	16	49	16	108
25. Lee	18	64	15	64	3	63
26. Leon	40	69	12	63	28	72
27. Levy	23	111	14	112	9	110
28. Liberty	4	42	3	45	1	33
29. Madison	18	50	6	34	12	66
30. Manatee	13	35	8	34	5	38
31. Marion	37	65	16	56	21	74
67. Martin	5	78	2	50	3	125
32. Monroe	13	59	8	47	5	102
33. Nassau	8	44	4	39	4	51
34. Okaloosa	22	77	19	73	3	111
54. Okeechobee	4	61	3	52	1	143
35. Orange	49	60	33	52	16	86
36. Osceola	5	35	2	18	3	94
37. Palm Beach	59	71	30	56	29	99
38. Pasco	5	27	3	19	2	71
39. Pinellas	28	32	19	28	9	49
40. Polk	94	62	62	51	32	106
41. Putnam	22	71	11	65	11	78
42. St. Johns	33	93	13	57	20	159
43. St. Lucie	6	37	5	43	1	22
44. Santa Rosa	24	70	21	70	3	68
60. Sarasota	8	36	5	29	3	58
45. Seminole	27	72	9	49	18	93
46. Sumter	12	68	7	59	5	85
47. Suwannee	29	70	15	53	14	110
48. Taylor	15	72	8	52	7	130
61. Union	6	43	2	20	4	103
49. Volusia	28	45	18	41	10	55
50. Wakulla	10	115	5	91	5	156
51. Walton	19	60	17	62	2	48
52. Washington	10	32	7	28	3	51

BUREAU OF VITAL STATISTICS

Infant Mortality—Deaths of Infants Under One Year of Age and Rates per 1,000 Live Births, by Color, by Cities, Florida, 1935

Cities 100,000 and Over Population

Cities	TOTAL		WHITE		COLORED	
	Deaths Under 1 Year	Rates per 1000 Births	Deaths Under 1 Year	Rates per 1000 Births	Deaths Under 1 Year	Rates per 1000 Births
Jacksonville.....	142	55	82	48	60	68
Miami.....	120	63	75	52	45	97
Tampa.....	94	57	61	45	33	113

Cities 10,000 to 100,000 Population

Cities	TOTAL		WHITE		COLORED	
	Deaths Under 1 Year	Rates per 1000 Births	Deaths Under 1 Year	Rates per 1000 Births	Deaths Under 1 Year	Rates per 1000 Births
Daytona Beach.....	14	51	8	41	6	80
Ft. Lauderdale.....	14	64	6	41	8	110
Gainesville.....	15	50	5	26	10	91
Key West.....	13	59	8	47	5	102
Lakeland.....	34	92	22	74	12	164
Orlando.....	36	69	29	70	7	67
Pensacola.....	74	92	57	91	17	99
St. Augustine.....	24	84	12	56	12	169
St. Petersburg.....	19	34	11	27	8	58
Sanford.....	15	74	6	52	9	102
Tallahassee.....	17	65	9	65	8	64
West Palm Beach.....	29	64	18	55	11	85

Cities 5,000 to 10,000 Population

Cities	TOTAL		WHITE		COLORED	
	Deaths Under 1 Year	Rates per 1000 Births	Deaths Under 1 Year	Rates per 1000 Births	Deaths Under 1 Year	Rates per 1000 Births
Bartow.....	16	117	13	125	3	91
Bradenton.....	5	56	5	86	0	—
Clearwater.....	5	32	5	39	0	—
Coral Gables.....	6	51	6	51	0	—
DeLand.....	3	23	1	10	2	59
Ft. Myers.....	13	67	11	68	2	61
Lake Worth.....	5	78	5	81	0	—
Miami Beach.....	6	75	6	75	0	—
Ocala.....	10	50	7	50	3	48

BUREAU OF VITAL STATISTICS

Infant Mortality—Deaths of Infants Under One Year of Age and Rates per 1,000 Live Births, by Color, by Cities, Florida, 1935

Cities 5,000 to 10,000 Population—Continued

Cities	TOTAL		WHITE		COLORED	
	Deaths Under 1 Year	Rates per 1000 Births	Deaths Under 1 Year	Rates per 1000 Births	Deaths Under 1 Year	Rates per 1000 Births
Palatka	12	75	7	76	5	75
Panama City	8	31	6	28	2	47
Plant City	14	60	8	51	6	79
River Junct. (Ex.)*	3	73	1	32	2	200
*State Hospital	0	—	0	—	0	—
Sarasota	8	41	5	34	3	61
Winter Haven	2	17	2	23	0	—

Cities 2,500 to 5,000 Population

Cities	TOTAL		WHITE		COLORED	
	Deaths Under 1 Year	Rates per 1000 Births	Deaths Under 1 Year	Rates per 1000 Births	Deaths Under 1 Year	Rates per 1000 Births
Apalachicola	8	87	4	75	4	103
Arcadia	10	72	9	81	1	37
Avon Park	8	107	3	58	5	217
DeFuniak Springs ..	3	54	2	43	1	100
Eustis	5	104	1	38	4	182
Fernandina	3	67	0	—	3	120
Ft. Pierce	5	35	4	36	1	30
Haines City	7	74	5	78	2	67
Hialeah	0	—	0	—	0	—
Hollywood	5	132	4	143	1	100
Kissimmee	2	26	1	16	1	71
Lake City	6	52	5	55	1	42
Lake Wales	3	31	1	15	2	69
Leesburg	4	34	0	—	4	125
Live Oak	3	68	1	32	2	154
Manatee	1	13	1	19	0	—
Marianna	4	42	3	43	1	38
Melbourne	5	91	2	71	3	111
New Smyrna	5	67	5	109	0	—
Palmetto	3	48	1	33	2	63
Perry	2	37	0	—	2	105
Pompano	9	113	0	—	9	145
Quincy	6	63	0	—	6	120
Sebring	2	23	1	14	1	53
Tarpon Springs	1	18	1	21	0	—
Wauchula	3	28	3	30	0	—
Winter Park	1	36	0	—	1	59

**AN IMPORTANT
HEALTH MESSAGE
for THIS TIME of YEAR.**

It looks like Chinese, but it can be turned into English by folding the page just right.

Try it

This is a good one!



The early fly is the one to swat.
It comes before the weather's hot
And sits around and files its legs
And lays at least ten thousand eggs
Now every fly that skips our swatters
Will have five million sons ~~and~~ daughters
And countless first and second cousins
Of aunts and uncles scores and dozens
And fifty seven billion nieces,
So knock the blamed thing all to pieces.

Walt Mason



FLORIDA STATE LIBRARY

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge

Vol. 28

JUNE, 1936

No. 6

Edited by
STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

DIPHTHERIA—*Phair*
MOTHERS' DAY—*Mettinger*
CRIME AND HEALTH—*McPhaul*
MOSQUITO CONTROL—*Kennedy*
PUBLIC HEALTH NURSE—*Googe*
MATERNAL MORTALITY, 1935—*Thompson*

W. A. McPAUL, M.D., STATE HEALTH OFFICER
Jacksonville, Florida

BOARD MEMBERS

N. A. Baltzell, M.D., Pres
Marianna

Shaler Richardson, M.D.
Jacksonville

R. L. Hughes, M.D.
Bartow

STATE HEALTH OFFICER

W. A. McPhaul, M.D.

BUREAUS AT JACKSONVILLE**DIRECTORS**

Laboratories.....	Paul Eaton, M.D., D.P.H.
*Vital Statistics.....	Stewart G. Thompson, D.P.H.
Epidemiology.....	John Phair, M.D. (Acting)
Sanitation.....	T. S. Kennedy, M.D.
Public Health Nursing.....	Ruth E. Mettinger, R.N.
Accounting.....	G. Wilson Baltzell
Librarian.....	Elizabeth Bohnenberger
County Health Work.....	J. T. Googe, M.D.

*Registration Inspector.....	Anna C. Emmons
Drug Inspector.....	M. H. Doss
Assistant Drug Inspector.....	Frank S. Castor

LABORATORIES

Jacksonville.....	Pearl Griffith, B.E.
Miami.....	E. R. Powell
Pensacola.....	Nina Branch
Tallahassee.....	Estelle Bryan
Tampa.....	H. D. Venters, B.S.

MEDICAL OFFICERS

DeFuniak Springs.....	
West Palm Beach.....	Leland H. Dame, M.D.
Jacksonville.....	
Tallahassee.....	
Tampa.....	C. W. Pease, M.D.

DISTRICT SANITARY OFFICERS

Jacksonville.....	Fred A. Safay
Marianna.....	David B. Lee
Ocala.....	C. A. Holloway
Tampa.....	Russell Broughman
West Palm Beach.....	S. D. Macready

PUBLIC HEALTH NURSES

Lake City.....	Johanna L. Sogaard, R.N.
Marianna.....	Lalla Mary Goggans, R.N.
Tampa.....	Julia O. Graves, R.N.

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
------------------	--

MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M.D. (U. S. Public Health Service)
-------------------	---

CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
--------------	--

DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. H. Pickett, M.D.
Marianna, Jackson County.....	Frank V. Chappell, M.D.
Ft. Lauderdale, Broward County.....	Paul G. Shell, M.D.
Perry, Taylor County.....	H. A. McClure, M.D.
Quincy, Gadsden County.....	C. W. McDonald, M.D.

WILLIAM ALLAN CLAXTON, M. D.

Dr. William Allan Claxton, who for many years was connected with the State Board of Health, died May 21, 1936, in Oteen, North Carolina, at the United States Veteran's Hospital.

Dr. Claxton was born in 1884 in Canada. He graduated from Queens University Faculty of Medicine, Kingston, Ontario, in 1909.

In 1912 he became associated with the Florida State Board of Health as bacteriologist and did extensive work in the laboratories. In 1914 he went to Tallahassee to take charge of the first laboratory established there.

During the World War he served as Captain of the Medical Corps in the Canadian Army. He was relieved from active duty shortly before the end of the war because of illness.

Dr. Claxton returned to the State Board of Health in 1923 and continued his work in the laboratories. Several years later, he was appointed Chief, Division of Health, for the City of Miami.

In October, 1929, he accepted a position as district health officer for the State Board of Health, and some months later assumed the duties of tuberculosis clinician. He served in the latter capacity until his retirement in December, 1934.

Dr. Claxton's influence in public health work in Florida was widely felt. He made outstanding contributions to the knowledge of tuberculosis, especially in the public health aspects of diagnosis and treatment.

Dr. Claxton left many friends throughout the State who are deeply grieved by his death; and officials of the State Board of Health unite in expressing their sorrow over his passing.

ADMINISTRATION

W. A. McPhaul, M.D., State Health Officer

CRIME AND HEALTH

Almost everyone admits the mental and moral incapacity of criminals, but it is not so generally understood that as a class they are inferior physically as well.

Good health is essential to any normal person. Of course, a man does not commit murder because he happens to be sick, but if he has health problems he becomes prey to all sorts of maladjustments that prevent him from making a success in his contacts with society and his environment.

A noted authority has made studies of a number of convicted criminals and the results of his investigation show that the average physical development of inmates of the Wisconsin State Prison is below that of any other group examined. The Wisconsin convict was found to be 1.8 inches shorter than the average American in height. The British Association for the Advancement of Science reported in a similar study that of 3,000 criminals on which records were examined, they averaged 2 inches below the height of the normal Englishman, and 17 pounds lighter in weight.

It has been shown that in school children those who are physically well-developed are also the best equipped mentally. This relationship extends beyond adolescence into maturity.

Since the general factors that cause crime also cause poor health, it is well to examine some of these. Louis I. Dublin and Bessie Bunsel, writing in the March, 1935, *Survey Graphic*, state, "Environmental forces growing out of our economic life too often include bad housing, propinquity to idle, vicious groups and gangs, extreme poverty, lack of occupational skill and unemployment."

At the time of the 1930 census, out of 17,372,524 housing units of urban families in the United States, 4,343,000 were found to be unfit for habitation.

The improper sanitary conveniences, overcrowding, structural defects, poor ventilation, and general unhealthful surroundings, undermine the individual's health, and act as a force in weakening his morale.

In recent years the housing problem has become so acute that public attention has been directed to it, and efforts have been made to improve the existing conditions.

In a report by Rollo H. Britten, Senior Statistician, United States Public Health Service, this statement is made, "There is definite evidence that the elimination of slum districts in cities and the provision of housing which meets adequate sanitary requirements would have an immeasurable effect on the future health of the population."

Idleness is another strong stimulus to crime. When many of our

ADMINISTRATION

citizens are forced by reasons of ill health, unemployment, or lack of occupational skill to remain idle, crime is the inevitable result.

Many of the young people of today are unable to find work, and they develop feelings of inferiority, frustration and bitterness, and, as a natural outcome of these feelings, they express themselves in acts of aggression and in rebellion against authority. Quite often bravado is a defense for inability to successfully meet the demands of modern life.

It seems that in dealing with the problems of crime it is necessary first to attack the causes; to eliminate poor housing; to provide employment for youth; to educate against lawlessness; and through public health programs, cure the conditions that cause widespread suffering from ill health.

COUNTY HEALTH WORK

J. T. Googe, M.D., Director

THE ROLE OF THE PUBLIC HEALTH NURSE IN A FULL TIME HEALTH DEPARTMENT

The services of the public health nurse are utilized by every division of activity of a public health program including communicable disease, maternal and infant hygiene, preschool and school hygiene, and health education. The division of vital statistics, the division of laboratories, and the division of sanitation rely upon the public health nurse for part of their information and for the effectiveness of their work.

In each activity of a local public health organization there is a special function for the nursing service. In communicable disease control, the public health nurse assists in the prevention of the spread of the disease through instruction in isolation, quarantine, and immunization. The nurse assists in securing medical supervision of a case, secures or supervises nursing care in the home, and emphasizes the importance of convalescent care. Adequate nursing service is a direct aid toward securing complete reporting of communicable disease and the information secured in the home is a help to the epidemiologist in determining the source of infection.

The nursing service renders an indispensable service to the maternal and infant welfare activities of the local public health organization. The nurse contacts all prospective mothers as early in pregnancy as possible, arranges for adequate nursing and medical supervision throughout the prenatal and postnatal period and instructs the mother in maternity hygiene and infant care. Having gained the confidence of the physicians in the community, the public health nurse can supplement the labor of the attending physician and relieve him of many of the minute details of instruction in baby care that are so important, but so time consuming. The

COUNTY HEALTH WORK

nurse should aid in securing diphtheria immunization and smallpox vaccination of the infant, and assist in securing more complete registration of births.

At the end of one year the dietary habits of the baby have been established and the period of communicable disease has begun. The same type of service that is rendered to infants is continued for older children by the public health nurse. She teaches the mother the principles of child hygiene, and aids in securing medical supervision of the older child, so that any defects that may develop may be corrected as soon as possible. The nurse assists in the control of communicable disease by securing proper immunization of preschool children and detecting early symptoms of contagious disease.

There is a distinct change in a child's whole life when he enters school. The public health nurse is the connecting link between the school medical service and the home. She correlates the efforts of the teacher, the school physician, and the parent for the betterment of the health of the child. The nurse may furnish suitable material to the teachers for instruction purposes. Actual instruction in hygiene and public health is given by the teacher. The nurse assists the school physician in the medical examination of school children, but her special function is the interpretation of the results of the examination to the teachers and parents and assisting in securing correction of the defects found. Communicable disease control in schools is of vital importance, and the nurse assists by securing immunization and by early recognition of symptoms of contagious disease.

The public health nurse enters most intimately into the lives of the people, gains their confidence, and interprets the purposes and functions of the local health organization to everyone in the community. Her services are indispensable to constructive public health work.

The activities of the public health nurse insofar as local or county health work is concerned, without a doubt, are productive of best results when she is a part of the staff of a full time health department, conducted in cooperation with and under the advice of a directing medical officer.

ANOTHER COUNTY ORGANIZES

The Pinellas Health Department is to be organized in the month of June. The personnel consists of a medical health officer as director, four public health nurses, a sanitary officer and secretary-clerk. Cooperating in the budget are the County, State and United States Public Health Service.

BUREAU OF SANITATION**T. S. Kennedy, M.D., Director****MOSQUITO CONTROL**

This is the season of the year when people become pest-minded, particularly the mosquito pest. This Department is being flooded with inquiries about mosquito control. We are being asked when the control work will start. We are being continually reminded of the malaria mosquitoes in north and west Florida and the pest mosquitoes along our Gulf and Atlantic coast.

Mosquitoes, like politicians, are with us to stay but, as with politicians, there are certain times of the year and certain years that we have the greatest number of "flights." The control of the mosquito cannot be left entirely to the State Board of Health or any other State organization. We must begin to realize that the control of the mosquito is a problem to be handled by the community and individuals, with the assistance and co-operation of the State Boards and Federal organizations. Mosquito control work should begin at home, whether it be in the rural districts or within the confines of our municipalities. The little *Aedes aegypti*, known as the *Stegomyia* mosquito, that carries dengue is strictly a home-grown product. You will find them breeding in flower pots in the house, where the water is not changed as frequently as should be. You will find them in the sprinkling cans, broken bottles, automobile casings, behind the garage, and in almost anything that will hold water, from a tablespoonful up, for ten days or two weeks. Consequently, the first step in ridding the premises of mosquitoes is to destroy, turn over or puncture all cans and other receptacles that will hold water. Where it is necessary, as with flowers, to have water in the vases, change the water daily. Your little fish pools, regardless of the number of gold fish, are a mosquito breeding place. Some have an idea that because they have gold fish in the pools that they will not have mosquitoes. They think the larvae will be eaten as fast as they are hatched. Most people feed the gold fish and consequently it is not necessary for the fish to feed on the larvae, but even though the fish were not fed to a sufficient degree to keep them from feeding on the larvae, most of the gold fish pools have water hyacinths or lilies growing in them and the larvae will hide in and around these roots where the fish cannot get to them. This may be proven by dipping around the roots of the plants. Another potential place for breeding is the trap from the ice box under the house.

A good many of the homes in the rural districts have small branches from creeks or springs within a quarter to a half mile of the home. If these branches could be kept clean of vegetation, sticks or other things that retard the flow of water, forming pools or eddies, the mosquitoes would not have a chance to multiply. It is in these pools and eddies that we find a great many of the *Anopheles* mosquito, known as the malaria mosquito.

BUREAU OF SANITATION

The septic tank is another breeding place for mosquitoes. A good many of our rural homes are now installing pressure tanks or overhead tanks and running water in the homes with septic tanks instead of outdoor privies. These septic tanks, sometimes we find, are broken at or near the top or near the effluent line; that is, the line leading out into the absorption field, and where we find these tanks broken, we always find mosquitoes breeding in large numbers.

In the cities we find mosquito breeding in the catch basins in the storm sewers. A good many of these storm sewers have a drip that holds water and unless these sewers are oiled regularly they breed mosquitoes. If you are annoyed in your home by mosquitoes, see if you can find a storm sewer nearby; take a stick and stir down in it. If you can flush a covey of mosquitoes, notify the City Health Officer or the Mayor and ask to have the storm sewer oiled. The home grown mosquito is your responsibility. The State Board of Health has not sufficient personnel to be continually checking every home in the towns or in the rural districts. You can relieve yourself and family of a great deal of annoyance by checking your premises as above outlined.

A state-wide mosquito control program is now being whipped into shape by the State Board of Health with the assistance of the State Chamber of Commerce, local Chambers of Commerce, the C. C. C. boys, the WPA and other organizations. The economic loss to this State from the mosquito runs into millions of dollars a year. This includes both the malaria and the pest mosquito of the coastal regions. Other States have been successful by the proper cooperation and coordination in reducing the malaria incidence and also very materially reducing, but not entirely eliminating, the pest mosquito. Neither this State nor any other State will ever eliminate the mosquito; our hope is to control them to such an extent that they will not be the pest that they are today. The program that we have in mind will be one of ditching, filling and screening. The ditching program will carry with it maintenance. This we have never been able to include in our program to date, but we consider it a very important item in the set up. Unless ditches are properly maintained they will do more harm than good after a short period. In fact, they become breeding places rather than a control measure.

We are now getting the cooperation of the State Road Department in our drainage work along the highways. We have been assured of their sympathy in our mosquito control program and can expect their work to be coordinated work with ours. In some localities the protection to the highways by canals and ditches will be quite a factor in draining breeding places existing today. But with all the cooperation from the other agencies and departments of the State it still is necessary, if we expect to control the breeding of mosquitoes to have the sympathy and assistance of the home owners. Keep your premises free from breeding places and the battle is half won.

BUREAU OF PUBLIC HEALTH NURSING**Ruth E. Mettinger, R.N., Director****MOTHERS' DAY**

Our annual spring campaign to promote better maternity care and reduce the maternal death rate has just passed. It is seventeen years since the proclamation by President Woodrow Wilson was given official authorization by the Congress of the United States designating the second Sunday in May as a day set apart for giving honor to the mothers of the nation.

What has been done throughout the year for the mothers of your country, and what are the plans for the coming year? Fifteen thousand women in the United States died last year from causes incident to childbirth. At least one-half of these women did not need to die. According to this record, between this annual Mothers' Day and next Mothers' Day, 8,000 will unnecessarily die in childbirth. If everyone in a community knows why pregnant mothers need care, and what that care should be, adequate facilities can be developed by working with the doctors and nurses, but so often the doctor has to carry the responsibility unaided.

In 1934, the puerperal death rate for Florida was 8.2, as compared with 11.1 for the previous year. South Carolina had the highest maternal death rate in the United States for 1934, with Florida second.

America is leading the world in many of the public health problems, but our maternal death rate in comparison with other countries is not to be envied.

Through the continued educational campaign carried on for many years, tuberculosis is on the decline. Diphtheria has also decreased because parents have been taught that toxoid and toxin antitoxin will prevent this disease in childhood. If the same interest and similar measures were practiced in maternity, the same results would be obtained.

Motherhood should be a normal happy experience for a healthy woman, but too many accept it as a matter of course, paying little or no attention to themselves. During the prenatal period the doctor should be consulted as soon as the mother thinks she is pregnant. There may be no feeling of illness, and a visit to the doctor may seem unnecessary; in this event, her husband should see that she visits the doctor and should accompany her, as early and adequate care assists in reducing the maternal death rate.

Superstitions and misinformation are still associated with motherhood, especially among the colored population. Every effort is being made to disillusion the midwives of their superstitions and to teach them the importance of cleanliness and of calling a physician in cases of abnormality. Last year, 718 midwives were licensed by the State Board of Health.

BUREAU OF PUBLIC HEALTH NURSING

This is only done after the midwives' bags and equipment have been inspected, and upon recommendation from two physicians in the county where the midwife is working.

How can the citizens be of assistance in helping to reduce the mortality? It is the duty of each and everyone to spread the good news, to reduce fears, to encourage mothers to see a doctor early in pregnancy and reduce the maternal death rate in America.

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF APRIL, 1936

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites.	2798	1989	159	174	51	5171
Diphtheria	634	201	43	416	34	1328
Typhoid	875	252	31	52	14	1224
Malaria	1811	277	47	37	129	2301
Rabies	34	...	..	1	...	35
Tuberculosis	299	205	27	59	30	620
Gonorrhea	1110	391	193	288	93	2075
Kahn	5383	1742	440	2083	411	10059
Water .....	.....	43	5	190	...	238
Milk	281	471	232	469	117	1570
Miscellaneous ...	730	38	95	298	21	1182
	13955	5609	1272	4067	900	25803

Specimen containers distributed..... 8090

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin.....	10,000 units	60 Packages
	5,000 units	18 Packages
Schick		810 Tests
Toxoid		950 C. C.
Typhoid Bacterin		4212 Treatments
Vaccine Virus.....		1731 Capillaries
Antirabic Virus		65 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD BE
DIRECTED TO THE STATE LABORATORY
STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

BUREAU OF LABORATORIES
John Phair, M.D., Assistant Director

DIPHTHERIA

Diphtheria is an acute infection generally of the air passages, especially of the tonsils, throat and nose. The lesions are characterized by the formation of patches of dirty white and grayish membrane on the mucosa of the organs mentioned above. The membrane, when stripped off, leaves small bleeding points showing that the organisms have attacked the surface and have killed the tissue thus affected, leaving raw areas.

The diagnosis is based upon the obtaining of the diphtheria bacillus from the lesions. Sometimes it can be found by making a direct smear from the membrane, but it is better to make a culture. The true name for the diphtheria bacillus is the "*Corynebacterium diphtheria*" although it may be spoken of as the "Klebs-Loeffler" bacillus, after the two men who played the leading role in the discovery of the cause of this disease.

The laboratory of the State Board of Health stands ready to aid the physicians of the community in the diagnosis of this disease. Examinations are made of the direct smears sent in, but the greater part of the work is done by means of culture.

The physician in making a culture employs a dry swab, and makes an effort to obtain a portion of the membrane. This is placed in a sterile tube and sent to the laboratory. Here the material is placed on a special medium that is selective for this type of organism. The medium is a mixture of blood serum and dextrose, a sugar. This is solidified by coagulating the serum by means of heat in a slanted tube. It is then sterilized and is ready for use. On this the diphtheria bacillus will outgrow all other organisms during a period of eight hours. The special name used by the laboratory for this medium or jelly-like material is "Loeffler's medium."

At the end of this time, the laboratory technician smears the growing organisms on a glass slide from the slant, stains them and by microscopic examinations, through their rather special appearance, decides whether or not the diphtheria bacillus is present. This report is sent immediately to the physician, as there is a specific medicine, "antitoxin," that works well if given early to the patient. Therefore, in many instances the telegraph is used to send the report in an effort to save time.

At the end of the illness, to prevent the patient from carrying the infection to others, two "release cultures" must be obtained. These are two successive negative cultures. These must be obtained before the patient can be released from isolation or returned to school, as in many instances the organisms may lurk in the air passages of a patient who has completed the convalescence from the illness.

This is merely one of the many services that the laboratory renders to protect the health of the citizens of the State.

HEART RESERVE

It is wise to use all precautions to safeguard the body during the advancing years so that one's bodily health as well as the youthful spirit may be maintained as long as possible. Dr. Frank T. Fulton continues his discussion on "Budgeting the Reserve Strength of the Heart" in the January *Hygeia*.

If by chance one suffers the serious accident of having one of the coronary arteries blocked by a clot, thus cutting off temporarily the circulation of a portion of the heart muscle, the situation is difficult. The reserve strength may be at the zero point. Absolute rest in bed for a long time is imperative.

The following list of newly licensed embalmers and funeral directors has been submitted by the Secretary of the State Board of Funeral Directors and Embalmers for Florida. Local registrars are requested to add these names to the last printed list in order that their files may be complete.

EMBALMERS

Name	Address	License No.
Bennett, Rondal L.....	Jacksonville	513
Boza, Gerald M.....	Tampa	514
Eichelberger, Lofton W. (c).....	Sanford	515
Forbes, Emerson B.....	Fort Pierce	516
Franklin, Cornelious M.....	Tampa	517
Heard, Coleth W.....	Pensacola	518
Mack, Arthur J. (c).....	DeLand	519
Mizelle, Russell.....	Jacksonville	520
McLellan, S. Meggs.....	Fernandina	521
McRae, Monroe (c).....	St. Petersburg	522
Peterson, E. B. (c).....	Orlando	523
Smart, Nellie (c).....	Orlando	524
Smith, E. A.....	Fort Lauderdale	525
Wilson, Hugh A.....	Lake City	526
Wylie, Frank J.....	West Palm Beach	527

FUNERAL DIRECTORS

Name	Address	License No.
Bennett, Sam F.....	Fort Lauderdale	312
Garcia, P. E.....	Jacksonville	313
Hindle, L. H.....	Jacksonville	314
Hopkins, Jerry M.....	West Palm Beach	315
Wixsom, Robert E.....	Miami	316
Wilson, R. W.....	Bradenton	317

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D.P.H., Director

MATERNAL MORTALITY

During the calendar year 1935, there was a total of 238 deaths in Florida of mothers as a result of childbirth as compared with a total of 219 for the previous year. For 1935, this makes a rate of 8.5 per 1,000 live births reported as compared with a rate of 8.2 for the previous year. The lowest rate on record for this cause was in 1934 with a rate of 8.2. The highest rate was in 1917 with a rate of 11.6.



The rate among the white population is considerably lower than for the colored. Last year, the rate among the white population was 7.1 as compared with a rate of 6.8 for the previous year. The rate last year for the colored was 11.6 as compared with a rate of 11.4 for the previous year.

Deaths from Diseases of Pregnancy, Childbirth and Puerperal State, and Rates
per 1,000 Live Births, by Color, Florida, 1917-1935

YEARS	TOTAL		WHITE		COLORED	
	Puerperal Deaths	Per 1,000 Births	Puerperal Deaths	Per 1,000 Births	Puerperal Deaths	Per 1,000 Births
1935	238	8.5	140	7.1	98	11.6
1934	219	8.2	127	6.8	92	11.4
1933	285	11.1	154	8.7	131	16.2
1932	262	9.6	149	7.9	113	13.2
1931	267	9.9	142	7.6	125	14.9
1930	267	9.9	155	8.3	112	13.3
1929	255	9.5	144	7.9	111	13.0
1928	280	9.4	175	8.5	105	11.5
1927	352	10.3	202	8.5	150	14.7
1926	357	10.3	214	8.6	143	14.5
1925	330	11.3	186	9.3	144	15.6
1924	284	10.6	138	7.6	146	16.9
1923	287	12.4	164	10.5	123	16.2
1922	235	10.7	128	8.4	107	16.0
1921	230	10.4	119	7.8	111	16.2
1920	181	9.3	97	7.2	84	14.0
1919	183	9.8	96	7.5	87	15.0
1918	174	9.6	89	7.0	85	15.4
1917	207	11.6	125	9.8	82	15.7

BUREAU OF VITAL STATISTICS

Deaths from Diseases of Pregnancy, Childbirth and Puerperal State, and Rates
per 1,000 Live Births, by Color, by Counties, Florida, 1935

Counties	TOTAL		WHITE		COLORED	
	Puerperal Deaths	Per 1,000 Births	Puerperal Deaths	Per 1,000 Births	Puerperal Deaths	Per 1,000 Births
0. State	238	8.5	140	7.1	98	11.6
1. Alachua	4	5.8	3	8.7	1	2.9
2. Baker	0	—	0	—	0	—
3. Bay	2	4.4	1	2.6	1	13.5
4. Bradford	1	5.4	1	7.5	0	—
5. Brevard	0	—	0	—	0	—
6. Broward	5	11.7	1	4.5	4	19.8
7. Calhoun	3	13.8	2	10.9	1	29.4
55. Charlotte	0	—	0	—	0	—
8. Citrus	2	21.7	1	15.6	1	35.7
9. Clay	2	25.0	2	35.7	0	—
62. Collier	0	—	0	—	0	—
10. Columbia	6	18.6	5	24.2	1	8.7
11. Dade	15	6.0	9	4.8	6	9.5
12. DeSoto	2	11.3	2	13.7	0	—
56. Dixie	2	16.9	1	11.4	1	33.3
13. Duval	28	9.7	16	8.4	12	12.5
14. Escambia	8	6.5	6	6.2	2	7.6
53. Flagler	0	—	0	—	0	—
15. Franklin	1	6.4	1	9.7	0	—
16. Gadsden (Ex.) ..	9	15.7	5	26.2	4	10.5
State Hospital ..	0	—	0	—	0	—
64. Gilchrist	0	—	0	—	0	—
57. Glades	0	—	0	—	0	—
65. Gulf	1	13.3	0	—	1	31.3
17. Hamilton	2	9.0	1	7.2	1	11.8
58. Hardee	0	—	0	—	0	—
63. Hendry	1	16.9	1	20.8	0	—
18. Hernando	2	17.5	0	—	2	48.8
59. Highlands	2	10.9	1	7.5	1	20.4
19. Hillsboro	19	7.6	11	5.4	8	17.5
20. Holmes	3	8.7	3	8.9	0	—
66. Indian River ..	1	7.1	1	10.5	0	—
21. Jackson	9	10.5	5	9.5	4	12.0

BUREAU OF VITAL STATISTICS

Deaths from Diseases of Pregnancy, Childbirth and Puerperal State, and Rates per 1,000 Live Births, by Color, by Counties, Florida, 1935—(Continued)

Counties	TOTAL		WHITE		COLORED	
	Puerperal Deaths	Per 1,000 Births	Puerperal Deaths	Per 1,000 Births	Puerperal Deaths	Per 1,000 Births
22. Jefferson	5	15.4	1	14.7	4	15.6
23. Lafayette	0	—	0	—	0	—
24. Lake	3	6.3	2	6.1	1	6.8
25. Lee	3	10.6	3	12.8	0	—
26. Leon	5	8.7	2	10.5	3	7.8
27. Levy	4	19.3	2	16.0	2	24.4
28. Liberty	1	10.4	1	15.2	0	—
29. Madison	5	14.0	1	5.7	4	21.9
30. Manatee	4	10.8	2	8.4	2	15.2
31. Marion	4	7.1	3	10.5	1	3.5
67. Martin	1	15.6	1	25.0	0	—
32. Monroe	5	22.8	4	23.5	1	20.4
33. Nassau	1	5.5	0	—	1	12.8
34. Okaloosa	0	—	0	—	0	—
54. Okeechobee	0	—	0	—	0	—
35. Orange	7	8.6	4	6.3	3	16.1
36. Osceola	2	14.0	1	9.0	1	31.3
37. Palm Beach	4	4.8	0	—	4	13.7
38. Pasco	1	5.4	1	6.4	0	—
39. Pinellas	4	4.6	4	5.9	0	—
40. Polk	15	9.8	12	9.8	3	9.9
41. Putnam	3	9.6	1	5.9	2	14.2
42. St. Johns	2	5.6	1	4.4	1	7.9
43. St. Lucie	3	18.6	2	17.2	1	22.2
44. Santa Rosa	1	2.9	0	—	1	22.7
60. Sarasota	0	—	0	—	0	—
45. Seminole	5	13.3	3	16.4	2	10.4
46. Sumter	3	16.9	0	—	3	50.8
47. Suwannee	0	—	0	—	0	—
48. Taylor	1	4.8	1	6.5	0	—
61. Union	1	7.1	1	9.9	0	—
49. Volusia	6	9.7	2	4.6	4	22.0
50. Wakulla	1	11.5	0	—	1	31.3
51. Walton	6	18.9	4	14.5	2	47.6
52. Washington	2	6.4	2	7.9	0	—

❖ BILL JONES KEEPS FIT ❖



Mrs. Bill:- Why, Bill, anything wrong? You are an hour ahead of time this morning!
 Bill:- No, I have left a call for an hour earlier.



Bill:- And here are the keys of the car.
 Mrs. Bill:- Why, Bill, you-what is this all about?



Bill:- Oh, say, I won't be home until 7 tonight, because----
 Mrs. Bill:- Until seven!!



Bill:- Why Spring is here and I've joined the "Keep Fit Club"-walk back and forth to the office every day from now on- sunlight, fresh air, pep- why, I'll feel worth a million soon!

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge

Vol. 28

JULY, 1936

No. 7

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

WORK DONE IN LABORATORIES—*Eaton*

BATHING PLACE SUGGESTIONS—*Kennedy*

RECREATION AND THE NURSE—*Mettinger*

BETTER CARE FOR MOTHERS AND BABIES—*Woods*

UNIFORM RECORDS—COUNTY HEALTH UNITS—*Googe*

PRESENT FUNCTIONS STATE BOARD OF HEALTH—*McPhaul*

W. A. McPHAUL, M.D., STATE HEALTH OFFICER
Jacksonville, Florida

BOARD MEMBERSN. A. Baltzell, M.D., Pres.
MariannaShaler Richardson, M.D.
JacksonvilleR. L. Hughes, M.D.
Bartow**STATE HEALTH OFFICER**

W. A. McPhaul, M.D.

BUREAUS AT JACKSONVILLE**DIRECTORS**

Laboratories.....	Paul Eaton, M.D., D.P.H.
*Vital Statistics.....	Stewart G. Thompson, D.P.H.
Epidemiology.....	John Phair, M.D. (Acting)
Sanitation.....	T. S. Kennedy, M.D.
Public Health Nursing.....	Ruth E. Mettinger, R.N.
County Health Work.....	J. T. Googe, M.D.
Maternal and Child Health.....	E. Bryant Woods, M.D.
Mobile Unit.....	A. B. McCreary, M.D.
Accounting.....	G. Wilson Baltzell
Librarian.....	Elizabeth Bohnenberger

*Registration Inspector.....	Anna C. Emmons
Drug Inspector.....	M. H. Doss
Assistant Drug Inspector.....	Frank S. Castor

LABORATORIES

Jacksonville.....	Pearl Griffith, B.E.
Miami.....	E. R. Powell
Pensacola.....	Nina Branch
Tallahassee.....	Estelle Bryan
Tampa.....	H. D. Venters, B.S.

MEDICAL OFFICERS

Jacksonville.....	R. N. Joyner, M.D.
Marianna.....	J. W. McMurray, M.D.
Ocala.....	J. S. Spoto, M.D.
Tampa.....	C. W. Pease, M.D.
West Palm Beach.....	Leland H. Dame, M.D.

DISTRICT SANITARY OFFICERS

Jacksonville.....	Fred A. Safay
Marianna.....	David B. Lee
Ocala.....	C. A. Holloway
Tampa.....	Russell Broughman
West Palm Beach.....	S. D. Macready

PUBLIC HEALTH NURSES

Jacksonville.....	Johanna J. Sogaard, R. N.
Marianna.....	Vandilla Strickland, R. N.
Tampa.....	Mary Hitchcock, R. N.

DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. H. Pickett, M.D.
Marianna, Jackson County.....	Frank V. Chappell, M.D.
Ft. Lauderdale, Broward County.....	Paul G. Shell, M.D.
Perry, Taylor County.....	C. A. O'Quinn, M.D.
Quincy, Gadsden County.....	C. W. McDonald, M.D.
Key West, Monroe County.....	W. P. Rice, M.D.
Clearwater, Pinellas County.....	T. E. Morgan, M.D.

STATE DAIRY SUPERVISOR

Jacksonville.....	A. H. Williamson, D.V.M.
-------------------	--------------------------

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
------------------	--

CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
--------------	--

ADMINISTRATION**W. A. McPhaul, M.D., State Health Officer****BRIEF OUTLINE OF****PRESENT FUNCTIONS OF THE STATE BOARD OF HEALTH**

The expanded public health program instigated this year by the Florida State Board of Health has increased the work of many of the bureaus and has resulted in the addition of several new departments. This program has been made possible by the National Social Security Act which provides funds for increased public health activities in each state.

The changes in functions and the present work of the various departments is outlined as follows:

Bureau of Administration

This bureau is responsible for formulating new policies and coordinating the work of the other departments. It has selected and made provisions for the training of personnel to be used in the new program. At present, more than a score of young men and women have received specialized study at recognized schools of public health.

The work of the division of accounting, under the bureau of administration, has been greatly increased in the last half year. Nearly two hundred thousand dollars of additional funds have been allotted to Florida by the United States Public Health Service and the Children's Bureau of the Labor Department. These are handled by the division of accounting, and periodic statements of all disbursements made.

The division of drug inspection is also under the bureau. Two specially trained narcotic investigators direct activities in Florida against the illicit traffic of drugs.

Plans are being made for the addition of a division of public health education which will be part of the bureau. Its work will consist of a state-wide drive designed to penetrate every group of the population and furnish vital information on health topics. The public will be reached through radio and newspaper publicity and health bulletins, and through contacts with schools, nursing groups, and civic clubs.

Also under Administration is the State Board's library. Started five years ago with almost no books on hand, it now is one of the finest in the South. It contains a wide variety of books and articles on public health and medical subjects. It also distributes health pamphlets to the lay public. Recently, limited funds have been provided for the purchase of new books; other funds are expected to be made available soon.

ADMINISTRATION

Bureau of Laboratories

The work of the laboratories has not been materially changed by the new program. It continues its main duties of detection of communicable diseases, discovery of the prevalence of these and means of control. It furnishes more than twenty thousand dollars worth of biologics each year to indigents through the doctors of Florida without cost. Last year it performed a total of 331,869 examinations, of which 311,350 were diagnostic tests and 20,519 were milk and water.

Bureau of Epidemiology

The bureau of epidemiology is still in the process of organization. At the present time, the acting personnel is attempting to stimulate the physicians of Florida in reporting cases of communicable diseases. After organization is completed these reports will be tabulated and analyzed and spot maps drawn to show where certain diseases are occurring too frequently. When any disease becomes epidemic, the personnel of the bureau will enforce swift control measures.

Bureau of Vital Statistics

No important changes have occurred in this bureau since the initiation of the new program. It is well organized and continues to compile valuable statistics on mortality, births, marriage and divorce records, and to make registrations of the members of the healing arts. The director of the bureau is also editor of the Board's monthly publication *Health Notes*.

Bureau of County Health Work

This department is the corner stone on which much of the new program rests. The Social Security Act made possible the establishment of county and district health units through allotments to the states. At the first of the year, there were three county health departments in Florida; since then five more have been established. These are now offering local health service to more than a quarter of a million people in the state. Other counties have signified their willingness to participate in this program; and additional county units will be formed as rapidly as officials can draft final plans for their organization.

The county health departments cooperate with each bureau of the State Board of Health and seek to bring to their communities a four-point health program. This consists of the compilation of health records, control of preventable diseases, health promotion for the individual and sanitation of the environment.

The organization of a mobile health unit, under the bureau of county health work, has just been completed. This represents an entirely new plan in health work. The unit is staffed by a trained public health officer, a sanitary engineer, a nurse, and a secretary-clerk. It travels in counties

ADMINISTRATION

where establishment of health departments is being considered; and it will give demonstrations of the service that such a department can offer. It also makes special studies of the health problems of the State and serves as a training ground for personnel.

A division of tuberculosis field work is in the process of organization. It will have a staff consisting of a tuberculosis clinician, a public health nurse, an x-ray technician, and a statistical clerk. It will travel through the state giving tuberculin tests and x-rays at the request of local physicians; and its work will be both educational and demonstrative. It will work in close cooperation with local doctors in an attempt to assist them with community problems of control and prevention of tuberculosis.

Bureau of Sanitation

The expanded program has resulted in increased activities for this bureau, especially in sewerage and water inspection, and milk sanitation. A sanitary engineer has been added to the staff and he is concentrating his work in sewerage and water inspection. A physician, trained in milk sanitation, is now conducting a state-wide educational program which is pointed towards encouraging local dairymen to adopt the Standard Milk Ordinance, authorized by the United States Public Health Service.

An active mosquito control program conducted by this bureau has resulted in publicity by most of the newspapers in the state and local clean-up campaigns have been started.

Other work, such as inspection of shellfish, tourist camps, bus and service stations, water supplies and swimming pools is continuing. Several surveys are under way at the present time which, when completed, will indicate present sanitary conditions in various parts of Florida.

Bureau of Public Health Nursing

This department is actively cooperating with the county health departments in educational work, and also is training and supervising nurses who have been added to the health field in recent months. Supervision of more than a hundred nurses working under the Works Progress Administration is handled by this bureau. Five district nursing supervisors coordinate the nursing activities in Florida.

Bureau of Maternal and Child Health

The formation of this bureau promises to be one of the most important steps ever taken in Florida to attack the problems of infant and maternal mortality. The state's high rates for these two causes of death will doubtless fall as the bureau shapes its work into permanent form. Pre-school and school clinics will be conducted and midwife training will be sponsored by the department.

ADMINISTRATION

A division of oral hygiene will be established under this bureau to work through the schools.

A two-fold educational program divided into professional and lay programs is already under way. The program of popular health education will be aimed principally at placing health material in the schools through a field agent representing the State Board of Health. The professional program will be designed to bring new methods in prenatal, postnatal and delivery care to the doctors in Florida.

This brief summary points out some of the main features of a program that promises to give Florida more complete health protection and it explains the set up of the agency that has the responsibility of administering it.

BUREAU OF SANITATION

T. S. Kennedy, M.D., Director

BATHING PLACE SUGGESTIONS

Someone has fittingly stated "Health regulations are made for and not against the public." This is especially true as regards regulations concerning swimming pool sanitation.

Florida, in 1919, was the second state in the Union to pass a law to regulate the sanitation of swimming pools and bathing places. As provided by that law, the rules and regulations of the State Board of Health were drawn and in accord with this rule the Bureau of Sanitation has direct control over the construction and operation of swimming pools in the state. The Bureau is actively engaged in protecting the public health by rigid inspection of all pools to insure sanitary conditions at all times. Annual permits for operation are granted to all pools meeting State Board of Health requirements. A permit indicates that the pool is operated in a cleanly manner, ample water of satisfactory sanitary quality is provided and the details of pool construction are approved.

The control of the bather has a direct bearing on the sanitary condition of the pool. In each permitted pool you will find posted instructions concerning pool operation and the bathers' conduct. Read these instructions carefully and assist the management by closely following all directions. Infections of the eye, ear, nose and throat as a rule are caused by carelessness on the part of the bather and are preventable if instructions given are observed.

Therefore, before patronizing swimming pools in the state this summer find out whether they meet the requirements of the State Board of Health as will be indicated by a permit posted in a conspicuous place about the pool. The Bureau publishes a list of permitted swimming pools which will

BUREAU OF SANITATION

be furnished upon request. Patronize only pools under the control and supervision of the State Board of Health.

The above has only stressed the importance of the use of approved swimming pools; yet of equal or greater importance is the care necessary in the selection of a bathing place where inland waters—rivers, lakes and springs are considered.

Our Gulf and ocean beaches are free from contaminating influences but since the rivers and streams in the state in some sections are used for sewage disposal, great care should be taken when considering bathing in such streams. The Bureau is familiar with the points where human and other wastes are deposited, and will gladly furnish information concerning the fitness of any body of water for bathing purposes, or will have the area in question carefully checked by trained personnel and a report submitted. Therefore, for your protection the Bureau strongly urges you to refrain from swimming in bodies of water until a statement has been received concerning its fitness for use.

Information concerning swimming pools and bathing places is available in this department of the State Board of Health and is yours for the asking.

OYSTERS

Oysters in July? No—but July is the time to prepare for oysters in September. With this in view, the Bureau is conducting a sanitary survey of the waters over the oyster beds in the Apalachicola section. The findings of this survey will determine whether or not any portion of this area shall be closed for the gathering of oysters. Assisting the Bureau in this undertaking are representatives of the State Conservation Department, Division of Shellfish Control, and Dr. J. C. Smith, Bureau of Fisheries, Federal Government.

Continuing this work and before the opening of the oyster season, it is the Bureau's intention to make further studies of the shellfish producing areas to ascertain if present boundaries in these areas should be continued. These studies will include a sanitary survey of the areas and bacteriological examinations of water samples from the areas. It may be possible that changes can be made in the boundaries now existing; in some sections the restricted areas may be extended if evidence of pollution is such as to warrant it, while favorable results might make it possible to open areas now closed for the taking of shellfish.

BUREAU OF LABORATORIES**Paul Eaton, M.D., D.P.H., Director**

**SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF MAY, 1936**

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites.....	2033	1914	277	171	48	4443
Diphtheria	692	191	63	309	45	1300
Typhoid	1064	322	32	76	28	1522
Malaria	1266	302	63	45	212	1888
Rabies	25	2	2	1	...	30
Tuberculosis	330	132	34	44	31	571
Gonorrhea	1185	407	210	240	98	2140
Kahn	5695	1972	557	2197	467	10888
Water .....	...	79	2	148	...	229
Milk	281	358	225	542	173	1579
Miscellaneous	916	62	105	333	30	1446
	<u>13487</u>	<u>5741</u>	<u>1570</u>	<u>4106</u>	<u>1132</u>	<u>26036</u>

Specimen containers distributed..... 7164

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	45 Packages
	5,000 units	16 Packages
Schick		3260 Tests
Toxoid		1540 C. C.
Typhoid Bacterin		2584 Treatments
Vaccine Virus		1845 Capillaries
Antirabic Virus		28 Treatments

**ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD
BE DIRECTED TO THE STATE LABORATORY, STATE
BOARD OF HEALTH, JACKSONVILLE, FLORIDA**

It is requested that all physicians and other individuals of the State who have supplies of biologicals on hand, check this supply and return any that may be approaching the due date. The State Board of Health has an agreement that enables it to obtain credit for outdated materials.

COUNTY HEALTH WORK**J. T. Googe, M.D., Director****UNIFORM RECORDS — COUNTY HEALTH UNITS**

There is unquestionably a tendency for local health work to become more closely allied with state health administration. This tendency is due to a number of causes, namely: the availability of state funds for aid to local health work; the provisions which have been made through the state for national subsidies; the development of personnel within state departments as helpful and stimulating consultants in regard to local problems; the recognition of the fact that ultimate responsibility usually rests upon the state; and the fact that, with more rapid means of transportation, problems formerly of purely local interest now extend far beyond the boundaries of the local community. This increased interest and concern of the state department in local service makes it highly important that the records and reports made by local departments be comparable, and a number of states, Florida included, have developed a uniform system of records for recording local health work.

The first purpose of a record is to assemble all the facts regarding the case or condition under care or supervision in order to arrive at a thorough understanding of the circumstances and of the need for public health work. The second purpose is to provide a history as the basis for a plan of service. As service is rendered from time to time it is recorded in order that both the individual worker and the administrator may know what has been done for the case and what the present status is, and may from this statement plan the future program. The uses to which service records are put amply justify the time devoted to them, and the records are indispensable to both the field worker and the administrator.

Well kept records are a definite protection for the individual worker and the public health agency in that they show how money and service are being spent, what results accrue, the conditions of a particular case, the service rendered by the agency or individual worker, and the effect of the service.

An equally important use of records is the administrative control of service. The distribution of load among staff members and the supervision of services of individuals are also made easier if comprehensive records are made on carefully prepared forms.

The effectiveness of a uniform record system depends upon uniform recording and uniform filing of records. When a system of records is adopted, detailed instructions for the use of each record must be given to each person using the record. To further insure uniform recording and filing, some person thoroughly familiar with public health work and the record system being used should be available to instruct the personnel in each local health department.

COUNTY HEALTH WORK

The uses of records and their importance in a constructive public health program are being stressed in the local health departments. The uniform record system adopted by the State Board of Health will no doubt prove to be of inestimable value in the administration and effectiveness of its expanded public health program.

Two new county health units opened on July 1; namely, Pinellas and Monroe Counties.

The Pinellas County Health unit is an eight-piece organization, consisting of a health officer, four public health nurses, sanitary officer, dentist and secretary-clerk.

The Monroe County Health unit is a five-piece organization, consisting of a health officer, two public health nurses, sanitary officer and secretary-clerk.

BUREAU OF MATERNAL AND CHILD HEALTH

E. Bryant Woods, M.D., Director

BETTER CARE FOR MOTHERS AND BABIES

The government is interested in the welfare of the mothers and babies of our country, particularly in the rural districts. The mother, the baby, or the expectant mother of the rural districts is just as susceptible to disease and abnormal conditions as are those of the urban districts. Realizing as it must, that the problems are different in different states, the Federal Government has turned the administration of funds over to the State Boards of Health, who by matching this Federal money, dollar for dollar, with state funds, may set up within their own states organizations for promoting the welfare of mothers and babies.

Most of the Southern States have high maternal and infant death rates, and yet when we see what one of our sister states, Mississippi, has accomplished in the last several years through adequate public health work, we must not be stopped by foolish pride or blind ignorance and because Florida has such a delightful climate and so much of God's sunshine, deny that it has conditions which are preventable, causing mothers and babies to die. The colored race, which is as much a part of our southland as the cotton fields and orange groves, offers additional problems which we must accept and strive to conquer. Vaguely conscious of the tremendous need for this work in Florida, and guided by the wishes and cooperation of the medical profession of the state, we are slowly forming a program which will be comprised of many parts.

BUREAU OF MATERNAL AND CHILD HEALTH

Constant advances year by year and day by day in the medical sciences make it a most difficult job for the general practitioner to keep abreast of the ever new developments in the many fields. For many, the problem is solved by the perusal of the various medical journals; for others, by frequent trips to the medical centers of our country; for still others, it may be the privilege of this new bureau to bring outstanding specialists and teachers from the various medical centers to these busy men in the smaller communities, in the form of "refresher courses." Similar training may be made available for the nurses of the state, and we have already been holding various courses for the instruction of the midwives of the state, that they may give the less fortunate mother care which will be far better and far less steeped with dirty, careless superstitions than was formerly the case.

When the medical profession and its auxiliaries has had its post-graduate training, it will be our duty to bring the newer ideas and information to the people of our state. Without a doubt, when the medical profession of a community realizes that we are going to assist it by obtaining proper immunization and inspection of school children, by encouraging the expectant mother to see her physician or attend a free clinic provided for the less fortunate, it will meet us more than half way and give of its time and energy to present the matter to the local organizations, assist in planning local projects and in every way promote better health in the "home towns."

Our responsibility in life does not end by telling the other person what to do; it must include the performance of this act. Therefore, we must have clinics more especially for the less fortunate, that they may have the opportunity of receiving better care. The maternity clinic affords a place where the pregnant woman will have a complete physical examination, with adequate laboratory examination to assure her that she is in good physical condition to carry her baby. When the nurse has visited these homes where the little ones will arrive, and has found them so void of the bare necessities of life, to say nothing of provisions for an emergency, the club women can be of such great assistance by providing many of these articles, and by gathering in groups and assisting the nurse and social worker in sewing and preparing the necessary articles which will provide for the expectant mother adequate material by which the physician or midwife may carry out a clean, scientific delivery.

There are other clinics which you will want to have in your midst, and probably one of the most important is a clinic which will treat social diseases, that the expectant mother and the potential mother and father may have adequate treatment so that these dreaded diseases will not affect the innocent offspring. Our attitude should be one of pity and concern for these unfortunate people of any social class, not of scorn and condemnation, so that more can be accomplished in assisting human nature out of the difficulties which it so easily encounters.

BUREAU OF MATERNAL AND CHILD HEALTH

Children's clinics are of vital importance, starting with the well baby clinic which guides the mother in the care and nutrition of the child, as well as the clinics which afford proper immunization for the child, thus preventing the contagious diseases. Hand in hand with the work of immunization in a community comes the school and preschool examination of the children. Many a backward or delinquent child is unjustly condemned and ridiculed because some physical impediment so hampers his work that his ambition is lost and his entire life blighted. The poorly nourished child can be fed in two ways; first, by placing a rich meal on the table and coercing him into eating a part of it; or second, by giving him the tonics of fresh air, sunshine, fruit juices and medicaments which stimulate his appetite so that he turns to you and says, "Mother, please give me some more salad or another sandwich; I am so hungry."

BUREAU OF PUBLIC HEALTH NURSING

Ruth E. Mettinger, R.N., Director

RECREATION AND THE NURSE

Recreation is receiving emphasis today all over the world. This is because there is a very definite physical need for recreation for men and women.

Two hundred years ago man engaged in out-of-door work. Our ancestors cleared lands, felled trees; they had to, to live. They worked with their bodies as well as their minds; every muscle was brought into play. But in later years, the industries revolutionized the world and machines now do most of the sawing and pulling that man had relied upon his muscles to do, and while we would not change our present status, we recognize that there is a strain in life due to our modern environment. The solution to all this, our best physiologists and physicians tell us, is play, and a new emphasis on recreation.

We laud the nurse who displays a singleness of purpose, the one who lets nothing swerve her from her self-appointed path, and when she occupies a high place in her profession, we say "There is one person who received what she deserved." But let us look more closely at her. She is a tired, middle-aged woman, probably without many family ties. She has a single-track mind—an advantage when she was younger, but a distinct detriment now that she is older. She has had no time for outside interests. An occasional concert, a hastily read book, a rare outing, an infrequent movie—these have constituted her recreation for perhaps the past thirty years. We cannot justly censure a woman who has given the best years of her life unselfishly to her profession with very little personal gain, as her salary has never approached a point where it might be regarded as just remuneration for the many unpleasant duties she has

BUREAU OF PUBLIC HEALTH NURSING

had to perform and the numerous occasions when she has had to work overtime. She feels diffident and tongue-tied when she is in any company except that of nurses for she cannot intelligently discuss any subjects other than the current headlines in the daily newspapers. A discussion with her will reveal that her training school did not have a library or foster athletic events and that she originally came from a small town and was considered very reactionary in that she wanted to become a nurse and "see operations."

Look closely at the picture above. What do we see lacking? Recreation. A nurse who plans her recreation as she does her work will discover that it will pay dividends in a broader outlook, renewed interest in her profession, and a great deal of pleasure. Part-time education has become the hobby of many nurses, especially those residing near some university or college. While many pursue subjects that pertain to nursing, there are always the courses that are taken for personal pleasure, say an art or music course. One nurse who studied chemistry as a hobby, obtained an excellent situation with a research chemist; and another who studied Spanish obtained, as a result, a splendid position in South America. Sports, swimming, tennis, hunting, fishing—all bring relaxation to taut nerves and temporarily banish our everyday problems. If you are a nature lover, you will discover romance in the most ordinary things about you.

The supervisor who has the interest of her nurses at heart will endeavor to plan outings and entertainment for her group. Work will be resumed the next morning with renewed enthusiasm and vigor. "Man cannot live by bread alone," and "All work and no play makes Jack a dull boy," might well be remembered and the nurse who properly apportions her time for work and play will be the highly successful nurse. It will give her pleasure, personal preparedness, strength, speed, endurance, and mental relaxation which makes possible mental growth.

TOOTH EXTRACTION IS NO LONGER TERRIFYING

Contrary to the usual belief, tooth removal is a gentle art. It has no place for strong-arm methods. Thus Dr. David W. McLean reassures the layman in chapter XIV of "These Teeth of Mine" in the February *Hygeia*. The secret, of course, is effective anesthesia, which removes all necessity to get an extraction over quickly.

Certain kinds of teeth should be removed as soon as possible. The hopelessly fractured tooth, with pulp uncovered, is one candidate for prompt removal.

Present-day operations on teeth will never rank as indoor sports, but there is nothing about them to inspire terror.

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D.P.H., Director

DO YOU KNOW?

Do identical twins think the same thoughts at the same time? Not necessarily, but they have identical patterns of brain activity. Electrograms of the brains of eighteen sets of identical twins proved this to Dr. Hallowell Davis and Dr. Pauline A. Davis of Harvard Medical School.

It has been proved that Eskimos lived so long ago as 1000 B. C. Now a scientific expedition is going to Cape Prince of Wales, most western point of Alaska, to look for evidence that ancient men may have crossed from Asia, only 55 miles away across Bering Strait.

The Turk was the original coffee drinker and the Chinese the tea drinker.

This is poison ivy time! This plant of three letters and three leaves causes painful eruptions which spread rapidly over large surfaces of the body. After contact, immediately wash the parts with hot water and soap several times, and when dry, sponge with grain alcohol and water, equal parts. Be careful when bathing not to touch parts unaffected by the poison, as it is easily spread.

"It is better to be fat than dead," said Carl Malmberg in his book called "Diet and Die." He cites instances of well-known persons who have food-fadded themselves into their graves.

Warm weather and the increase of opportunities for recreation present certain dangers arising from over-exertion at the outset, especially for adults. American life is characterized by too much haste in the activities of making a living—why carry this attitude over into the vacation days? Fathers should not attempt to keep pace with their young sons. A first aid kit should always be taken on vacations. Immediate treatment should

BUREAU OF VITAL STATISTICS

be given cuts and bruises. When wounds are caused by rusty nails or similar objects, a child should be taken at once to a physician.

Nobody catches typhoid fever—he swallows it. Watch the sources of your water supply when you go camping.

Carelessness is the leading cause of death by drowning. Foolhardy “stunts,” swimming in water which is too deep, trying to “show-off” contribute to the death toll. It is easy to learn to swim; everyone should know how.

Proof that hay fever is caused by pollen was first offered in England so long ago as 1873.

Hay fever patients must cooperate fully with their physicians in conducting a systematic search for the guilty agent. Hay fever patients practically never have fever, and hay causes only a small proportion of the difficulty and is not at all an element in the fall months. The ailment is usually due to pollen, but not always.

Unsafe water supplies near camping sites may be rendered suitable for use by chlorination. Seek the advice of the nearest health officer.

Pain or signs of impaired health is not a symptom in the early stages of cancer, except the type which affects the bones. Painless lumps, persistent ulceration, cracks, warts and moles should receive attention if they grow larger, and this is also the case with small sores on the tongue, lip or cheek which refuse to heal.

Courtesy Public Relations Bureau, State Medical Society, New York.



MEASLES — THAT'S ALL

**W T CASH LIBRARIAN
FLA STATE LIBRARY
TALLAHASSEE FLA**

FLORIDA STATE LIBRARY

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921
at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912
This Bulletin will be sent to any address in the State free of charge

Vol. 28

AUGUST, 1936

No. 8

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

MEDICAL COOPERATION—*McPhaul*

RECENT TRENDS IN PELLAGRA—*DeKleine*

WORK IN LABORATORIES, JUNE, 1936—*Eaton*

DEATHS, AUTOMOBILE ACCIDENTS AND MALARIA,
1935—*Thompson*

W. A. McPHAUL, M.D., STATE HEALTH OFFICER
Jacksonville, Florida

BOARD MEMBERS

N. A. Baltzell, M.D., Pres
Marianna

Shaler Richardson, M.D.
Jacksonville

R. L. Hughes, M.D.
Bartow

STATE HEALTH OFFICER

W. A. McPhaul, M.D.

BUREAUS AT JACKSONVILLE**DIRECTORS**

Laboratories.....	Paul Eaton, M.D., D.P.H.
*Vital Statistics.....	Stewart G. Thompson, D.P.H.
Epidemiology.....	John Phair, M.D. (Acting)
Sanitation.....	T. S. Kennedy, M.D.
Public Health Nursing.....	Ruth E. Mettinger, R.N.
County Health Work.....	J. T. Googe, M.D.
Maternal and Child Health.....	E. Bryant Woods, M.D.
Mobile Unit.....	A. B. McCreary, M.D.
Accounting.....	G. Wilson Baltzell
Librarian.....	Elizabeth Bohnenberger

*Registration Inspector.....	Anna C. Emmons
Drug Inspector.....	M. H. Doss
Assistant Drug Inspector.....	Frank S. Castor

LABORATORIES

Jacksonville.....	Pearl Griffith, B.E.
Miami.....	E. R. Powell
Pensacola.....	Nina Branch
Tallahassee.....	Estelle Bryan
Tampa.....	H. D. Venters, B.S.

MEDICAL OFFICERS

Jacksonville.....	R. N. Joyner, M.D.
Marianna.....	J. W. McMurray, M.D.
Ocala.....	J. S. Spoto, M.D.
Tampa.....	C. W. Pease, M.D.
West Palm Beach.....	Leland H. Dame, M.D.

DISTRICT SANITARY OFFICERS

Jacksonville.....	Fred A. Safay
Marianna.....	David B. Lee
Ocala.....	C. A. Holloway
Tampa.....	Russell Broughman
West Palm Beach.....	S. D. Macready

PUBLIC HEALTH NURSES

Jacksonville.....	Johanna L. Sogaard, R. N.
Marianna.....	Vandilla Strickland, R. N.
Tampa.....	Mary Hitchcock, R. N.

DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. H. Pickett, M.D.
Marianna, Jackson County.....	Frank V. Chappell, M.D.
Ft. Lauderdale, Broward County.....	Paul G. Shell, M.D.
Perry, Taylor County.....	C. A. O'Quinn, M.D.
Quincy, Gadsden County.....	C. W. McDonald, M.D.
Key West, Monroe County.....	W. P. Rice, M.D.
Clearwater, Pinellas County.....	T. E. Morgan, M.D.

STATE DAIRY SUPERVISOR

Jacksonville.....	A. H. Williamson, D.V.M.
-------------------	--------------------------

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
------------------	--

CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
--------------	--

ADMINISTRATION**W. A. McPhaul, M.D., State Health Officer****MEDICAL COOPERATION**

The most important function of a health department is to educate and prevent. Curative medicine is solely the function of the private physician. Preventive medicine, however, falls within the province of both public health and private practice, and it is here, in the field of preventive medicine that public health and private practice must work closely together.

The part of public health in preventive medicine is to teach the masses of people the value of prevention. It is our part to make the general population aware of the benefits which preventive medicine has to offer. An educated public is a force stronger than sanitary laws.

Private medicine, specifically in America, called Public Health into being. Hence, they are allies, each strong and useful to the other. Public Health was a natural outcropping of private medicine, brought about by the economic and sociologic changes which were taking place.

Public Health does not need to encroach upon private practice. As Medicine advances it will solve its problems. Public Health, as an adjunct, by its functions of education and prevention can assist Medicine. The limitations of public health will always be apparent, though I trust the field of public health will always benefit by every progressive step that Medicine itself makes. Again, I point out, that we must recognize public health and private practice as forces never in opposition but in alliance; two forceful factors at work for the public welfare.

Inasmuch as the physician and the health department have the same goal in view, our paths must necessarily cross constantly. The private physician has much to give the health department, and the health department has services to give the physician.

One of the duties which the health department asks of the physician is the reporting of all births and signing medical certificates of deaths that occur in his practice. These statistics, when gathered into the central vital statistics bureau constitute one of the most valuable health services to the state. They are permanent state records which are indices to the welfare of the people. From them we are able to tell those diseases which

ADMINISTRATION

take the greatest toll of life, the areas where they are most prevalent; we are able to analyze the effectiveness of our public health activities and to judge of certain health trends.

The reporting of communicable diseases in his practice is another service which the health department asks of the physician. This is the only adequate way we have of locating such cases. It is the way in which the health department discovers the presence of epidemic disease.

Tuberculosis and venereal disease are logical fields for the public health department. An individual case of tuberculosis is a source of infection to other persons in the community. It is not only a case for treatment, but all contacts with the case must be discovered and preventive methods inaugurated. It is a case not only of individual health, but community health. The physician can cooperate with the health authorities by prompt reporting of a case of tuberculosis. The health department can in turn offer the physician laboratory facilities for the diagnosis of the case, and if possible, clinic service where the suspected case of tuberculosis may come at the suggestion of the private physician for diagnosis. The same applies to the venereal diseases.

Child health and maternal welfare are problems which come within the field of both private medicine and public health. It is the duty of the health department to see that the general population is informed as to the necessity for prenatal care, and the necessity for guarding the health of the child of preschool age. I believe that it lies distinctly within the field of the private physician to perform the clinical duties of this phase of preventive medicine. This is one of the most vital problems facing us today, and the solving of it must come about through an arrangement which will be satisfactory to physician and public health officer, and which will work toward the best interests of the people.

It is the primary duty of the health officer to observe the rules of his duty as laid down by the law, and also to observe the unwritten but equally vital duty of cooperation with his colleagues of the medical profession. In so doing he is obeying the highest mandate of his profession and performing the greatest service for the general good.

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING
THE MONTH OF JUNE, 1936

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1505	1287	313	94	98	3297
Diphtheria	495	186	88	129	90	988
Typhoid	1283	358	78	50	58	1827
Malaria	1364	375	118	25	290	2172
Rabies	21	...	...	..	...	21
Tuberculosis	404	221	27	46	20	718
Gonorrhea	1084	404	206	241	118	2053
Kahn	6033	2029	442	2075	482	11061
Water	...	54	37	186	...	277
Milk	295	395	175	448	269	1582
Miscellaneous	1134	61	239	349	53	1836
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	13618	5370	1723	3643	1478	25832

Specimen containers distributed.....6035

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	3 Packages
	5,000 units	5 Packages
Schick		690 Tests
Toxoid		305 C. C.
Typhoid Bacterin		1992 Treatments
Vaccine Virus		517 Capillaries
Antirabic Virus		28 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD BE
DIRECTED TO THE STATE LABORATORY, STATE BOARD
OF HEALTH, JACKSONVILLE, FLORIDA

RECENT TRENDS IN PELLAGRA*

WILLIAM DE KLEINE, M. D.

Medical Advisor, American Red Cross, Washington, D. C.

According to the late Doctor Goldberger, pellagra results from the absence in the diet of a food essential which he designated as the pellagra preventive factor, now more generally called Vitamin G. Individuals who subsist on a diet deficiency in this food essential sooner or later develop the disease. Doctor Goldberger was the first to make this discovery. There are still a number of physicians who do not accept this point of view, but the evidence is so overwhelming that the disease is of dietary origin, that public health workers are justified in accepting Goldberger's conclusions. Experience has proven beyond all reasonable doubt that an adequate diet will control the disease.

It has been pointed out repeatedly that the incidence of pellagra follows economic trends. Where economic conditions are bad, pellagra increases, and where these conditions improve the disease decreases. That has, however, not been true in the recent nation-wide depression. The records show that the disease began to increase in about 1923 and '24, with the advent of the agricultural depression, and continued until it reached its peak years in about 1928 and '29. The increase was related to the agricultural rather than to the industrial depression.

The price of farm produce steadily declined during the postwar period and continued until conditions became very critical in rural areas as early as 1923 and '24. That was particularly true in the cotton-raising sections. Families who did not raise garden produce for their own use, but who depended entirely on the grocery store and commissary found themselves in dire need. Conditions were critical long before the advent of the industrial depression of 1929.

I call attention to this to point out that the incidence of pellagra follows trends in agriculture more nearly than trends in industry; and that is to be expected since the disease occurs mostly in rural areas. The preventive program inaugurated in 1927 apparently offset most of the ill effects of the depression which indicates that pellagra can be controlled in spite of economic conditions.

Pellagra has in recent years been a serious public health problem in 13 states. These include Virginia, North and South Carolina, Florida, Georgia, Alabama, Mississippi, Tennessee, Kentucky, Arkansas, Louisiana, Texas and Oklahoma. It also prevails extensively in a few sections of

*Read before the sixth annual meeting of the Florida Public Health Association, Inc., Jacksonville, December 3-5, 1934.

Missouri, West Virginia, California and other states. Sporadic cases occur everywhere.

The present preventive program was introduced by the Red Cross following the Mississippi flood in 1927. Doctor Goldberger called attention to the seriousness of the problem while the Red Cross was engaged in rehabilitating this disaster area. He estimated that there were more than 50,000 cases of pellagra in the flood areas alone, to say nothing of the thousands of cases in other states. Recognizing that the dietary habits of these families could not be suddenly changed, he advised the distribution of powdered yeast as an emergency measure. Pure yeast contains the pellagra preventive factor in more concentrated form than any other food known.

Following his advice, the Red Cross began the distribution of this product in 1927 in the flood areas of four states, Arkansas, Mississippi, Louisiana and Tennessee, in cooperation with the state and local health officials, local physicians and public health nurses. That same year the Red Cross began the promotion of family gardening with the cooperation of state farm bureaus and local farm agents. Gardening had become a lost art in this section of the country and it was considered that the re-introduction of this important family activity would not only help overcome the food shortage, but also provide some of the food essentials so necessary for the health of every individual. Thousands of packages of garden seeds were distributed and gardening which is so important in lives of families, particularly in rural areas, was revived in these sections.

This program of distributing powdered yeast and promoting gardening spread to other states in the next year or two, so that by 1929 practically every state health department and farm bureau in the states referred to were engaged in this important work. In the four years that the Red Cross engaged in these projects it distributed over 300,000 pounds of yeast and over three-quarters of a million packages of garden seeds containing from 13 to 18 varieties of seeds. We have no estimate of the amount of yeast distributed by boards of health, but altogether it amounted to a vast quantity. Yeast served as the immediate emergency measure and gardens provided the vegetables necessary for a more adequate family diet. As a result the death rate from pellagra decreased far beyond all expectations. The average 1934 rate for the thirteen states referred to is more than fifty per cent lower than the average rate for the peak year, 1928.

In the absence of other more convincing evidence, we have reason to believe that family gardening and the distribution of powdered yeast have been the two most influential factors in bringing about this marked reduction. Gardening is a very important health measure and should be adopted everywhere. Health officers in rural areas should include this activity in their community health programs.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson. D.P.H., Director

Deaths from Automobile Accidents and Place of Accident, by Color,
by Counties—Florida, 1935

COUNTIES	PLACE OF DEATH			PLACE OF ACCIDENT		
	Total	White	Colored	Total	White	Colored
0. State	597	445	152	597	445	152
1. Alachua	13	9	4	12	9	3
2. Baker	4	0	4	6	1	5
3. Bay	13	13	0	12	12	0
4. Bradford	7	6	1	7	6	1
5. Brevard	9	8	1	10	9	1
6. Broward	14	8	6	14	8	6
7. Calhoun	2	2	0	2	2	0
55. Charlotte	0	0	0	2	1	1
8. Citrus	3	2	1	4	3	1
9. Clay	3	2	1	3	2	1
62. Collier	3	1	2	5	3	2
10. Columbia	11	8	3	8	5	3
11. Dade	80	61	19	78	59	19
12. DeSoto	4	3	1	1	0	1
56. Dixie	2	2	0	2	2	0
13. Duval	66	55	11	58	48	10
14. Escambia	30	26	4	22	19	3
53. Flagler	1	1	0	1	1	0
15. Franklin	1	0	1	1	0	1
16. Gadsden (Ex.)	8	4	4	8	4	4
State Hospital	0	0	0	0	0	0
64. Gilchrist	1	1	0	1	1	0
57. Glades	1	1	0	0	0	0
65. Gulf	1	1	0	1	1	0
17. Hamilton	1	1	0	1	1	0
58. Hardee	2	2	0	4	4	0
63. Hendry	0	0	0	1	1	0
18. Hernando	2	2	0	2	2	0
59. Highlands	6	5	1	5	3	2
19. Hillsboro	47	40	7	48	40	8
20. Holmes	2	2	0	3	3	0
66. Indian River	6	2	4	7	3	4
21. Jackson	7	5	2	8	6	2
22. Jefferson	3	2	1	6	4	2

BUREAU OF VITAL STATISTICS

Deaths from Automobile Accidents and Place of Accident, by Color,
by Counties—Florida, 1935—(Continued)

COUNTIES	PLACE OF DEATH			PLACE OF ACCIDENT		
	Total	White	Colored	Total	White	Colored
23. Lafayette	2	1	1	3	2	1
24. Lake	10	7	3	9	6	3
25. Lee	4	4	0	3	3	0
26. Leon	16	6	10	9	2	7
27. Levy	4	3	1	8	5	3
28. Liberty	1	0	1	1	0	1
29. Madison	4	3	1	5	3	2
30. Manatee	11	8	3	11	8	3
31. Marion	16	8	8	13	6	7
67. Martin	2	0	2	2	0	2
32. Monroe	2	2	0	3	3	0
33. Nassau	2	2	0	5	5	0
34. Okaloosa	8	8	0	8	8	0
54. Okeechobee	1	0	1	1	0	1
35. Orange	18	12	6	18	11	7
36. Osceola	5	5	0	5	5	0
37. Palm Beach	35	22	13	34	22	12
38. Pasco	2	2	0	2	2	0
39. Pinellas	22	18	4	20	18	2
40. Polk	19	15	4	18	15	3
41. Putnam	8	6	2	8	6	2
42. St. Johns	7	6	1	7	6	1
43. St. Lucie	8	5	3	9	6	3
44. Santa Rosa	1	1	0	1	1	0
60. Sarasota	1	1	0	1	1	0
45. Seminole	3	1	2	1	1	0
46. Sumter	0	0	0	1	1	0
47. Suwannee	0	0	0	3	2	1
48. Taylor	1	0	1	4	3	1
61. Union	1	0	1	1	0	1
49. Volusia	22	16	6	24	16	8
50. Wakulla	0	0	0	1	1	0
51. Walton	4	4	0	6	6	0
52. Washington	4	4	0	3	3	0
Other States				6	5	1

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Malaria, by Color, by Counties—
Florida, 1935

COUNTIES	RECORDED			RESIDENT		
	Total	White	Colored	Total	White	Colored
0. State	331	196	135	327	191	136
1. Alachua	17	14	3	16	13	3
2. Baker	2	1	1	2	1	1
3. Bay	3	3	0	2	2	0
4. Bradford	0	0	0	2	2	0
5. Brevard	1	1	0	0	0	0
6. Broward	10	5	5	9	5	4
7. Calhoun	3	3	0	3	3	0
55. Charlotte	0	0	0	0	0	0
8. Citrus	4	2	2	3	1	2
9. Clay	0	0	0	0	0	0
62. Collier	0	0	0	0	0	0
10. Columbia	9	8	1	7	6	1
11. Dade	1	1	0	3	3	0
12. DeSoto	2	1	1	2	1	1
56. Dixie	6	5	1	5	4	1
13. Duval	11	6	5	12	5	7
14. Escambia	4	3	1	5	4	1
53. Flagler	3	1	2	3	1	2
15. Franklin	4	2	2	4	2	2
16. Gadsden (Ex.)	23	6	17	22	5	17
State Hospital	0	0	0	0	0	0
64. Gilchrist	4	2	2	4	2	2
57. Glades	0	0	0	0	0	0
65. Gulf	1	0	1	1	0	1
17. Hamilton	4	1	3	5	2	3
58. Hardee	7	7	0	8	8	0
63. Hendry	1	0	1	1	0	1
18. Hernando	3	2	1	3	2	1
59. Highlands	0	0	0	0	0	0
19. Hillsboro	23	15	8	22	14	8
20. Holmes	7	7	0	7	7	0
66. Indian River	0	0	0	1	1	0
21. Jackson	24	13	11	25	14	11

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Malaria, by Color, by Counties—
Florida, 1935—(Continued)

COUNTIES	RECORDED			RESIDENT		
	Total	White	Colored	Total	White	Colored
22. Jefferson	12	6	6	11	5	6
23. Lafayette	1	1	0	1	1	0
24. Lake	5	2	3	4	1	3
25. Lee	5	1	4	5	1	4
26. Leon	11	5	6	11	5	6
27. Levy	3	2	1	4	3	1
28. Liberty	2	1	1	3	2	1
29. Madison	12	4	8	12	4	8
30. Manatee	9	7	2	6	4	2
31. Marion	16	7	9	14	5	9
67. Martin	1	0	1	1	0	1
32. Monroe	0	0	0	1	1	0
33. Nassau	1	0	1	2	1	1
34. Okaloosa	4	4	0	4	4	0
54. Okeechobee	1	0	1	1	0	1
35. Orange	2	1	1	2	1	1
36. Osceola	1	1	0	1	1	0
37. Palm Beach	1	0	1	1	0	1
38. Pasco	3	2	1	2	1	1
39. Pinellas	4	4	0	1	1	0
40. Polk	15	9	6	14	8	6
41. Putnam	5	2	3	5	2	3
42. St. Johns	0	0	0	0	0	0
43. St. Lucie	1	1	0	1	1	0
44. Santa Rosa	3	3	0	3	3	0
60. Sarasota	0	0	0	0	0	0
45. Seminole	3	1	2	3	1	2
46. Sumter	2	2	0	3	3	0
47. Suwannee	10	5	5	11	6	5
48. Taylor	6	4	2	6	4	2
61. Union	0	0	0	0	0	0
49. Volusia	3	3	0	3	3	0
50. Wakulla	5	3	2	5	3	2
51. Walton	3	3	0	3	3	0
52. Washington	4	3	1	6	5	1

BUREAU OF VITAL STATISTICS

Deaths from Certain Causes by Counties, First Five Months—Florida, 1936

COUNTIES	Population Estimate 1936	Typhoid	Diphtheria	Tuberculosis
0. State	1,642,000	16	22	383
1. Alachua	36,700	1	1	8
2. Baker	7,300	0	0	0
3. Bay	17,900	0	1	1
4. Bradford	8,792	0	0	2
5. Brevard	14,700	0	0	2
6. Broward	23,700	0	1	7
7. Calhoun	8,600	0	0	0
55. Charlotte	3,777	0	0	0
8. Citrus	5,600	0	0	0
9. Clay	7,100	0	0	3
62. Collier	5,200	0	0	1
10. Columbia	15,500	0	0	7
11. Dade	189,700	2	2	51
12. DeSoto	8,200	0	0	1
56. Dixie	5,835	1	0	1
13. Duval	178,800	0	3	54
14. Escambia	57,000	0	2	17
53. Flagler	3,300	0	0	1
15. Franklin	6,600	0	0	0
16. Gadsden (Ex.) ..	26,900	1	0	7
State Hospital ...	3,865	0	0	6
64. Gilchrist	4,200	1	0	0
57. Glades	2,665	0	0	1
65. Gulf	3,093	0	0	0
17. Hamilton	9,800	0	0	1
58. Hardee	11,600	0	0	0
63. Hendry	3,700	0	0	1
18. Hernando	5,600	0	0	0
59. Highlands	11,300	0	0	4
19. Hillsboro	159,700	0	1	59
20. Holmes	14,800	0	0	1
66. Indian River ...	8,900	0	0	1
21. Jackson	36,000	0	0	4

BUREAU OF VITAL STATISTICS

Deaths from Certain Causes by Counties, First Five Months—Florida, 1936
—(Continued)

COUNTIES	Malaria	Cancer	Pellagra	Puerperal	Auto- mobile	Diarrhea and Enteritis
0. State	61	599	63	87	249	86
1. Alachua	2	12	2	4	5	2
2. Baker	0	0	0	0	1	1
3. Bay	0	3	2	0	4	2
4. Bradford	0	2	0	0	2	0
5. Brevard	0	11	0	1	2	0
6. Broward	0	9	2	1	13	4
7. Calhoun	2	0	0	0	2	0
55. Charlotte	0	3	1	1	2	0
8. Citrus	1	0	0	0	0	0
9. Clay	0	5	0	0	0	0
62. Collier	0	1	0	0	0	0
10. Columbia	3	11	0	2	3	2
11. Dade	1	86	4	5	42	6
12. DeSoto	1	2	1	1	1	0
56. Dixie	2	0	0	1	0	0
13. Duval	1	64	11	13	22	10
14. Escambia	0	28	5	8	10	5
53. Flagler	0	0	0	0	0	0
15. Franklin	0	2	1	0	2	1
16. Gadsden (Ex.)	3	2	2	2	1	3
State Hospital	0	2	4	0	2	0
64. Gilchrist	0	0	0	0	0	1
57. Glades	0	2	0	0	0	0
65. Gulf	0	0	0	0	0	0
17. Hamilton	1	0	1	0	0	0
58. Hardee	1	4	0	0	0	0
63. Hendry	0	0	0	0	2	0
18. Hernando	0	2	0	0	1	0
59. Highlands	0	3	1	0	3	2
19. Hillsboro	3	70	2	5	14	11
20. Holmes	0	1	0	3	1	1
66. Indian River	0	3	0	0	2	0
21. Jackson	2	1	1	0	0	3

BUREAU OF VITAL STATISTICS

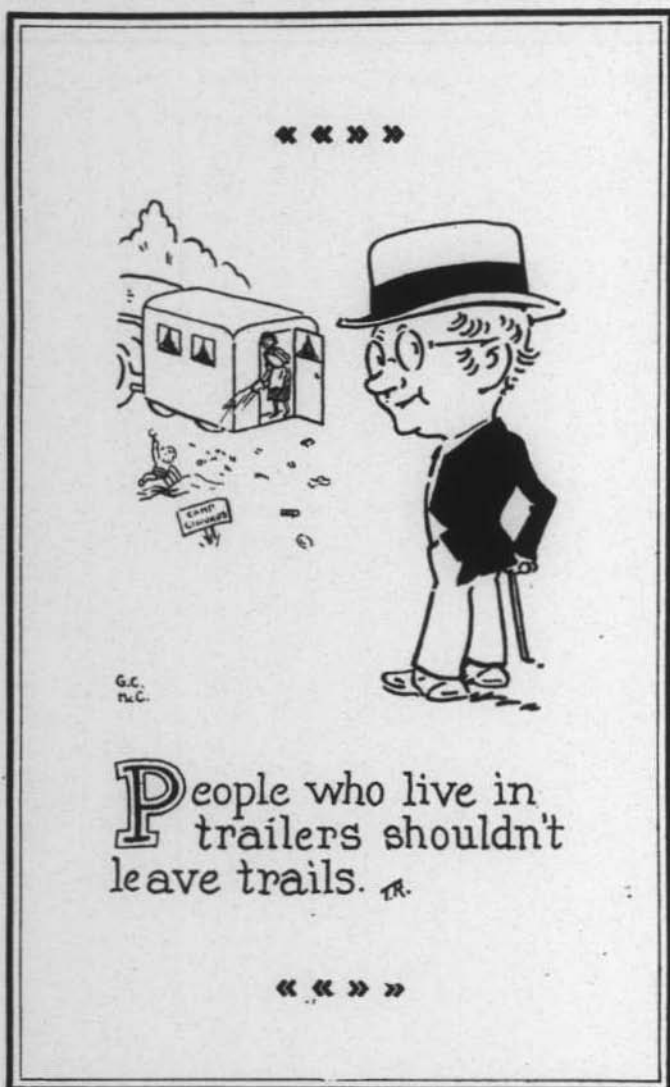
Deaths from Certain Causes by Counties, First Five Months—Florida, 1936
—(Continued)

COUNTIES	Population Estimate 1936	Typhoid	Diphtheria	Tuberculosis
22. Jefferson	13,600	0	0	0
23. Lafayette	4,240	0	0	1
24. Lake	29,200	0	0	2
25. Lee	16,600	1	0	2
26. Leon	27,200	0	0	6
27. Levy	13,000	0	0	4
28. Liberty	3,856	0	0	0
29. Madison	17,400	1	0	5
30. Manatee	23,100	0	0	12
31. Marion	30,900	1	0	7
67. Martin	5,200	0	0	1
32. Monroe	13,285	0	0	3
33. Nassau	9,143	0	0	1
34. Okaloosa	12,000	0	0	2
54. Okeechobee	3,476	0	0	0
35. Orange	60,000	1	1	12
36. Osceola	9,729	0	1	4
37. Palm Beach	53,200	2	4	14
38. Pasco	11,300	0	1	3
39. Pinellas	65,000	1	0	19
40. Polk	84,200	0	2	12
41. Putnam	18,300	0	0	2
42. St. Johns	17,572	2	0	2
43. St. Lucie	9,500	0	0	0
44. Santa Rosa	15,800	0	0	1
60. Sarasota	14,100	0	0	2
45. Seminole	22,900	0	0	3
46. Sumter	10,025	0	0	2
47. Suwannee	17,200	0	0	1
48. Taylor	11,089	0	0	3
61. Union	8,400	0	1	2
49. Volusia	52,300	1	1	11
50. Wakulla	6,200	0	0	1
51. Walton	13,803	0	0	1
52. Washington	13,000	0	0	1

BUREAU OF VITAL STATISTICS

Deaths from Certain Causes by Counties, First Five Months—Florida, 1936
—(Continued)

COUNTIES	Malaria	Cancer	Pellagra	Puerperal	Auto- mobile	Diarrhea and Enteritis
22. Jefferson	0	1	0	0	2	2
23. Lafayette	1	1	0	0	1	0
24. Lake	4	10	0	2	0	0
25. Lee	2	5	0	2	3	0
26. Leon	1	4	1	4	3	1
27. Levy	3	1	0	0	2	0
28. Liberty	0	0	0	1	0	0
29. Madison	3	6	0	1	1	1
30. Manatee	3	10	1	1	8	1
31. Marion	4	5	2	4	6	2
67. Martin	0	1	0	0	2	0
32. Monroe	0	11	0	0	2	3
33. Nassau	0	3	0	0	2	0
34. Okaloosa	0	1	1	0	0	0
54. Okeechobee	0	1	0	0	0	0
35. Orange	0	16	0	2	8	2
36. Osceola	0	4	1	0	1	0
37. Palm Beach	1	24	3	4	11	3
38. Pasco	0	3	0	0	2	0
39. Pinellas	1	60	1	2	7	0
40. Polk	0	25	5	6	11	3
41. Putnam	3	9	2	1	5	3
42. St. Johns	1	8	0	2	3	1
43. St. Lucie	0	2	0	0	2	0
44. Santa Rosa	0	4	0	0	1	1
60. Sarasota	1	7	2	1	6	0
45. Seminole	1	12	2	0	8	1
46. Sumter	2	1	0	0	0	1
47. Suwannee	2	6	0	0	1	1
48. Taylor	2	1	0	0	2	0
61. Union	1	0	0	0	1	0
49. Volusia	0	22	1	4	10	4
50. Wakulla	1	2	0	0	0	0
51. Walton	0	2	1	1	0	2
52. Washington	1	2	0	2	1	0



Courtesy Indiana Public Health Bulletin

W I CASH LIBRARIAN
FLA STATE LIBRARY
TALLAHASSEE FLA

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge

Vol. 28

SEPTEMBER, 1936

No. 9

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

INFANTILE PARALYSIS — *McPhaul*

NURSES' SHORT COURSE — *Mettinger*

WORK DONE IN LABORATORIES — *Eaton*

PREPARING THE CHILD FOR SCHOOL — *Woods*

RULES FOR SHIPPING DEAD BODIES — *Thompson*

FUNCTIONS OF LOCAL HEALTH DEPARTMENT — *Googe*

W. A. McPHAUL, M.D., STATE HEALTH OFFICER
Jacksonville, Florida

BOARD MEMBERS

N. A. Baltzell, M.D., Pres.
Marianna

Shaler Richardson, M.D.
Jacksonville

R. L. Hughes, M.D.
Bartow

STATE HEALTH OFFICER

W. A. McPhaul, M.D.

BUREAUS AT JACKSONVILLE**DIRECTORS**

Laboratories.....	Paul Eaton, M.D., D.P.H.
*Vital Statistics.....	Stewart G. Thompson, D.P.H.
Epidemiology.....	John Phair, M.D. (Acting)
Sanitation.....	T. S. Kennedy, M.D.
Public Health Nursing.....	Ruth E. Mettinger, R.N.
County Health Work.....	J. T. Googe, M.D.
Maternal and Child Health.....	E. Bryant Woods, M.D.
Mobile Unit.....	A. B. McCreary, M.D.
Accounting.....	G. Wilson Baltzell
Librarian.....	Elizabeth Bohnenberger

*Registration Inspector.....	Anna C. Emmons
Drug Inspector.....	M. H. Doss
Assistant Drug Inspector.....	Frank S. Castor

LABORATORIES

Jacksonville.....	Pearl Griffith, B.E.
Miami.....	E. R. Powell
Pensacola.....	Nina Branch
Tallahassee.....	Estelle Bryan
Tampa.....	H. D. Venters, B.S.

MEDICAL OFFICERS

Jacksonville.....	R. N. Joyner, M.D.
Marianna.....	J. W. McMurray, M.D.
Ocala.....	J. S. Spoto, M.D.
Tampa.....	C. W. Pease, M.D.
West Palm Beach.....	Leland H. Dame, M.D.

DISTRICT SANITARY OFFICERS

Jacksonville.....	Fred A. Safay
Marianna.....	David B. Lee
Ocala.....	C. A. Holloway
Tampa.....	Russell Broughman
West Palm Beach.....	S. D. Macready

PUBLIC HEALTH NURSES

Jacksonville.....	Johanna L. Sogaard, R. N.
Marianna.....	Vandilla Strickland, R.N.
Tampa.....	Mary Hitchcock, R.N.

DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. H. Pickett, M.D.
Marianna, Jackson County.....	Frank V. Chappell, M.D.
Ft. Lauderdale, Broward County.....	Paul G. Shell, M.D.
Perry, Taylor County.....	C. A. O'Quinn, M.D.
Quincy, Gadsden County.....	C. W. McDonald, M.D.
Key West, Monroe County.....	W. P. Rice, M.D.
Clearwater, Pinellas County.....*	T. E. Morgan, M.D.

STATE DAIRY SUPERVISOR

Jacksonville.....	A. H. Williamson, D.V.M.
-------------------	--------------------------

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
------------------	--

CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
--------------	--

ADMINISTRATION

W. A. McPhaul, M.D., State Health Officer

INFANTILE PARALYSIS

Poliomyelitis, or infantile paralysis, is a disease caused by a specific filtrable virus usually transmitted in the nasal or salivary discharges of an infected person or carrier. This virus enters the brain by way of the olfactory nerves when introduced into the nose or throat of a susceptible individual.

Everybody is susceptible except babies born of immune mothers and in this exception, the borrowed immunity lasts for only one year. The infection, naturally, is more likely to be present in large centers of population, and people reaching adulthood in areas of this sort are, therefore, more likely to be immunized. Isolated communities, however, are less frequently attacked or visited by the virus and, therefore, the individual can grow to adulthood without an immunizing attack. This accounts for the facts that have been observed:

1. Children are more frequently attacked than adults.
2. Adults living in isolated communities are more frequently attacked than adults living in large cities.

The immunizing attacks of the disease in large communities are probably of such nature as to virulence and severity that they escape observation and therefore the people of the cities have the benefit of immunizing infections that are constantly present.

The infection occurs practically throughout the world, but the cases are more frequent in the cooler part of the temperate zone. The sporadic cases and epidemics occur at irregular intervals with a higher occurrence in the late summer and fall. Ten cases per one hundred thousand is approximately a normal average for the United States. Therefore, Florida might have during a year approximately 150 cases without approaching epidemic proportions. However, we have never reached this figure and this fact may be due to our geographic situation.

Poliomyelitis is an acute infection with a moderate initial fever usually with headache and gastroenteric symptoms such as vomiting and constipation. The other symptoms follow, such as drowsiness with irritability, stiffness of the spine, and later, definite paralysis. Any of these symptoms may be absent but the diagnosis of the cases which are not at some time paralyzed is so difficult that only the paralytic cases can be termed officially, poliomyelitis. This difficulty arises from the fact that there is no method by which the causal agent (filtrable virus) can be isolated or detected.

In a community where a paralytic case is found, there are undoubtedly a number of non-paralytic cases in which the diagnosis cannot be made

ADMINISTRATION

and which very probably will not be seen by any physician. A case of this kind is the real menace to the health of the public as it will not be confined in one room or bed but will transmit the disease to susceptible individuals on the streets, cinemas and other places of public gathering.

As can be seen from the rather brief resume, the methods of control of the dreaded disease are difficult. The utmost that any organized health agency can do at this time in the absence of any method of diagnosis of the carrier is to isolate the acute (paralyzed) cases. However, this method does not stop the transmission of the disease by the non-paralytic (and, therefore, the unrecognizable) cases. In the presence of epidemics we can use the following measures: (1) General warning to the physicians or the laity of the prevalence, or the increase in number of cases of disease, and a description of the usual character of onset. (2) Isolation of all children with fever pending an absolute diagnosis. (3) The protection of children so far as is practicable against unnecessary contact with people, especially those outside their own homes, during epidemic prevalence of the disease.

The physicians of the United States Public Health Service have been working on a spray which, through its tanning action on the nerves of the nose, prevents the entrance of the virus. However, this spray has never been tried on humans except during the recent epidemic occurring in neighboring states, and the results have not and will not for sometime be evaluated. Therefore, if individuals in this State desire to use this spray it should be done only under the guidance of the family physician who can obtain the formula for the spray with directions from the United States Public Health Service, from their printed reports, or from the State Board of Health. The formula is in an experimental stage, subject to change, and the effect of it on humans has not been determined.

There has not been any unusual occurrence of the disease in Florida and the last two cases reported to the State Board of Health occurred during the first week of June of this year. All of the cases reported since January up to the present writing have been sporadic and there is no reason for alarm or for extraordinary measures. However, individuals going into infected areas should realize that there is a certain amount of danger and they should take precautions under the advice of the family physician. It would be wise to prevent the contact of children with people coming recently from the infected areas.

We must reiterate, however, in closing this statement, that there is no unusual occurrence of the disease in Florida and that there is no necessity of any measures not usually practiced. In other words, to furnish a child with the best of care a mother should always consult the family physician whenever the child is ill and not trust to the remedies found in the medicine chest or corner drug store.

BUREAU OF PUBLIC HEALTH NURSING**Ruth E. Mettinger, R.N., Director****NURSES' SHORT COURSE**

The second annual short course for registered nurses was held July 20 to 24, at the University of Florida. More than a hundred nurses from all parts of the State attended the sessions, which were held in the auditorium of the P. K. Yonge Laboratory School. The courses were sponsored by the State Nurses' Association, and were financed by the Board of Nurses' Examiners. An advisory committee had charge of selecting the two teachers who conducted the courses and of choosing the subjects to be covered.

Of the nurses who attended the conference, approximately seventy-five were in the public health field, and much of the discussion was centered on aspects of public health nursing. The program was comprehensive and many subjects of foremost interest to both private duty and public health nurses were covered.

The daily motion pictures were features of the sessions which were enthusiastically received by the nurses. Also panel discussions, entered into by all those attending, were a help in clarifying the subjects which were dealt with in the lectures.

The two prominent teachers who instructed the classes were Miss Elizabeth Garrison, R.N., of George Peabody College for Teachers, Nashville, Tennessee, and Miss Myrtle Hodgkins, R.N., Teaching Supervisor of Medical Nursing of the University of Minnesota School of Nursing, Minneapolis.

The program included subjects which covered the trends and objectives in nursing education, organization of a county health program, principles in nursing, school health program, health education, communicable disease control, and the treatment of certain diseases such as arthritis and rheumatic fever, typhoid fever; care of acute infectious diseases, whooping cough, measles and mumps, the common cold and influenza, and diphtheria.

The program opened Monday, July 20, and lasted through the following Friday. The nurses were accommodated at private homes near the University Campus and at the dormitories of the college, and meals were furnished at a moderate cost by the school cafeteria.

Some of the highlights taken from the lectures of Miss Hodgkins and Miss Garrison were:

"The nurse in rural communities should use all available means of obtaining information about prenatal cases. Such information can be secured from doctors, visits to families, neighbors, midwives, social workers, etc. Instruction should be given to the pregnant woman in prenatal care, and she

BUREAU OF PUBLIC HEALTH NURSING

should be encouraged to use the facilities available in making delivery successful."

"The nurse should stress continually the need for vaccination and immunization."

"At health examinations held in school it is important that at least a fourth of the parents be present, because they will advertise the work the nurses are doing to protect the community health. After examinations, cards should be sent to all parents outlining the condition of their children. Follow-up visits should be made to families, the health of the children should be discussed and the parents encouraged to have any defects corrected."

"The need for a close cooperation with the physician was stressed, and it was pointed out that the nurse who cannot work with the doctor cannot do public health work."

"The job of presenting health information to the children in school is the duty of the school teacher, and she should be counseled and encouraged by the nurse."

BUREAU OF MATERNAL AND CHILD HEALTH

E. Bryant Woods, M.D., Director

PREPARING THE CHILD FOR SCHOOL

It is the duty of every physician and parent to have the child thoroughly examined before entering school. Much has been written and said recently relative to the value of this procedure, but, even yet, in surprisingly large numbers, we find children in our public school system who are definitely handicapped because of some physical impairment. Because of the physician's responsibility to his community and the families who are his clientele, he should make a definite effort to contact all of his children before or at the beginning of school and urge a complete physical examination. Any child with defective vision or hearing, with a defective carriage, or with a poorly functioning heart cannot hope to have the necessary impetus to attack his school routine. Many a case of early tuberculosis may be determined by such an examination (including the Mantoux test), and the source of infection in the limited home circle can be ascertained for the betterment not only of the child, but the family and community as well.

In the life of a child, too frequently we do not give sufficient importance to the establishment of a regular routine. The child should have its play, should have its work and most of all, its rest. Nervous children or weak children must especially have a routine adapted to their own needs.

BUREAU OF MATERNAL AND CHILD HEALTH

If the child is undernourished and does not eat because of unpleasant association at the dinner table, or because of some chronic disease, this condition must certainly be corrected before added responsibility is placed upon his physical machine. Dietary habits are important and a child's machine needs the proper fuel to make it run through the morning of work and play.

The child may be taught proper habits in the hygiene of living. The brushing of the teeth in the morning and the evacuation of the bowels daily at a set time, are habits which will prevent grave disorders in life if adhered to religiously. It is just as important to have the system clean within as to have the face and ears clean without.

It is very essential that the child shall early be taught the correct mannerisms which will not only give it the appearance of being "well-bred," but will prevent the spread of disease. If a child is taught to cover his mouth when he sneezes or coughs, much may be accomplished in the curtailment of the spread of infectious diseases in the class room.

It is an easy matter to instill the pride of proper carriage into a child and in many instances this will prevent later deformities; certainly it will make apparent, deformities which would otherwise not be noticed, that a physical examination may be carried out by a physician.

When the child enters school and comes in close contact with other children, there is an exposure to infection. "Prevention" is becoming an important issue, for prevention of disease is far better than the treatment of disease. Each child must have a Schick test; preferably a diphtheria toxoid injection should be carried out first. It is an absolute crime for any child to develop diphtheria because it stamps the word "negligence" on one's doorstep.

The other common contagious diseases, such as scarlet fever, whooping cough, and measles are being discussed in the light of our newer knowledge of immunology. By the use of serum from a person having had measles, we are quite able to decrease the severity of disease or produce passive or temporary immunity. The more recent the disease in the donor, the more effective is the serum, unless the disease has occurred within four weeks. Several vaccines are on the market for the prevention and control of pertussis and are being recommended by the leading pediatricians throughout the country. The incidence of complications is decreased and paroxysms of coughing lessened. Scarlet fever in the

BUREAU OF MATERNAL AND CHILD HEALTH

Southland is not such a formidable disease as we find in the northern climate, and there is yet some dispute among the medical profession as to the value of antitoxin therapy. Certainly it can do the child no harm.

Be prepared; assume your community responsibility, assist your local and state health organizations to build better, stronger and more alert children.

COUNTY HEALTH WORK

J. T. Googe, M.D., Director

THE FUNCTIONS OF A FULL TIME LOCAL HEALTH DEPARTMENT

The minimum personnel for a full time local health department consists of a medical health officer, a public health nurse, a sanitary officer and a clerk. The health officer administers the work of the department, planning and coordinating the activities of each of its members. In addition to his administrative work, the health officer has his own definite field activities.

The functions of the full time local health department may be classed under four general headings. They are prevention and control of communicable diseases, maternal and child health, environmental sanitation and recording of activities of the department.

The basic requirements for the prevention and control of communicable diseases are correct diagnosis and prompt reporting of communicable diseases to the health department. The health officer is an expert in the diagnosis of contagious diseases and is available to all the physicians within the jurisdiction of the health department for consultation service in diagnosis. The health department makes an immediate investigation of reported cases of communicable diseases to detect the source of the original infection, to discover other possible cases of the disease, to prevent spread of the disease from the discovered source and to do whatever possible to minimize the effects of the disease in persons already infected. The protection of individuals and the prevention of spread of certain communicable diseases can be secured by immunization procedures.

The maternal and child health activities of a local health department are prenatal, postnatal and infant care, preschool and school hygiene and supervision of midwives. The public health nurse of the health department contacts all prospective mothers as early in pregnancy as possible,

COUNTY HEALTH WORK

arranges for adequate nursing and medical supervision throughout the prenatal and postnatal periods and instructs the mother in maternal hygiene and infant care. The health department with the assistance of local physicians conducts prenatal, postnatal and well baby clinics to supplement the labors of attending physicians and to provide these services for individuals who cannot afford private care.

The local health department is active in securing diphtheria and typhoid immunizations and smallpox vaccination of all preschool children. Mothers are taught the principles of child hygiene. Efforts are made to secure the correction of remedial defects.

The local health department supplements and correlates the efforts of the teacher and school physician and the parent for the betterment of the health of the school child. It furnishes the teachers with suitable material for instruction in hygiene and public health. Regular medical and dental examinations of school children are made and are followed by home visits in efforts to secure correction of the defects found.

The functions of a local health department which pertain to sanitation of environment represent the earliest types of public health activities and are of primary importance. The environmental elements considered by the local health department are safe and adequate water supplies, sewage and waste disposal, safe and adequate food supplies and control of disease-conveying insects. Home owners are assisted and encouraged by the health department to better their sanitary facilities. Dairies, meat markets and all food-vending establishments are under the direct supervision of the local health department. Control of anopheles mosquitoes to prevent malaria, control of fly breeding and control of rat propagation in the prevention of typhus fever and plague are also functions of the local health department.

The recording of the activities of the department is the responsibility of each worker. Well kept records show how money and service are being spent, what results accrue, the conditions of a particular case, the service rendered by the department or individual worker and the effect of the service.

The counties in Florida now served by full time local health departments are Escambia, Jackson, Gadsden, Leon, Taylor, Pinellas, Monroe and Broward. The State Board of Health, the United States Public Health Service and the Children's Bureau are cooperating with these counties to develop a well-rounded constructive public health program. Other counties to organize health departments in the near future include Gulf, Liberty, Wakulla, Franklin, and Calhoun.

BUREAU OF LABORATORIES**Paul Eaton, M.D., D.P.H., Director**

**SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF JULY, 1936**

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites.	1573	1044	286	124	85	3112
Diphtheria	358	282	69	144	69	922
Typhoid	1328	366	94	79	44	1911
Malaria	1459	419	141	49	398	2466
Rabies	16	...	...	2	...	18
Tuberculosis	315	141	22	47	27	552
Gonorrhea	1190	426	204	235	136	2191
Kahn	6657	2182	527	1928	470	11764
Water .....	...	167	25	206	...	398
Milk	276	412	129	369	333	1519
Miscellaneous ...	1152	58	285	378	54	1927
	—	—	—	—	—	—
	14324	5497	1782	3561	1616	26780

Specimen containers distributed..... 8418

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin.....	10,000 units	42 Packages
	5,000 units	37 Packages
Schick		2050 Tests
Toxoid		4495 C. C.
Typhoid Bacterin		4850 Treatments
Vaccine Virus		850 Capillaries
Antirabic Virus		16 Treatments

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D.P.H., Director

RULES FOR SHIPPING DEAD BODIES



The State Board of Health, at its meeting held in the office of the State Health Officer, Jacksonville, Florida, July 23, 1936, revised the rules governing the transportation of human dead bodies. The rules as adopted at this meeting are as follows:

Transportation and Disinterment of Dead Bodies

Rule 1. A Transit or Removal Permit issued by the Local Registrar, his deputy or sub-registrar of the registration district in which the death occurred, or the body was found, must accompany each dead body when transported.

(a) The Transit or Removal Permit must state the place of death, name of deceased, sex, color or race, age, cause of death, and the date and hour of death.

(b) The Transit Permit shall also state the date and route of shipment, the point of shipment and destination, the method of preparation of the body and shall bear the signature and title of the Local Registrar who issued the Transit or Removal Permit.

(c) That portion of the Transit Permit designated as the "Label" shall be securely fastened (not pasted) to the outer box or case.

(d) The Transit Permit shall bear the signature of the embalmer preparing the body for transportation and signature of funeral director and show the license numbers of the embalmer and funeral director issued by the State Board of Funeral Directors and Embalmers for Florida.

Rule 2. The bodies of those who died of smallpox, bubonic plague, Asiatic cholera, scarlet fever (scarlet rash, scarletina), glanders, anthrax, leprosy, epidemic meningitis, poliomyelitis (infantile paralysis), or measles, shall not be accepted for transportation unless prepared in the following manner:

(a) Arterial and cavity injection with an approved disinfecting fluid.

(b) Disinfection and stopping of all orifices with absorbent cotton.

(c) Washing the body with disinfectant.

(d) The body, after being prepared in the above manner, shall be encased in an airtight iron, steel, zinc, copper or lead lined coffin or casket, all joints and seams hermetically sealed or sealed by gasket and all encased in a strong metal or wooden box; or the body placed in a strong coffin or casket and encased in an airtight metal vault or outer wooden box lined with not less than twenty-eight (28) gauge metal lining.

BUREAU OF VITAL STATISTICS

Rule 3. The bodies dead from any cause not specified in Rule 2 shall be accepted for transportation only when encased in a sound coffin or casket and enclosed in a strong outside wooden box or metal vault; provided, that the body will reach its destination within twelve (12) hours from the time of death. If the body cannot reach its destination within twelve (12) hours from the time of death, then the body must be prepared as provided by sections (a) and (b) of Rule 2. The outside case may be omitted in all instances when the coffin or casket is transported in hearse or funeral director's vehicle.

Rule 4. In the shipment of bodies dead from any of the diseases named in Rule 2, such bodies shall not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the local or State Health Officer as having been properly disinfected. The Transit or Removal Permit shall specifically state who is authorized to accompany the body.

Rule 5. No dead body shall be disinterred for transportation without the written consent of the State Health Officer. All disinterred remains shall be encased in an airtight iron, steel, zinc, copper or lead lined coffin or casket, all joints and seams hermetically sealed or sealed by gasket and all encased in a strong metal or wooden box; or the body placed in a strong coffin or casket and encased in an airtight metal vault or outer wooden box lined with not less than a twenty-eight (28) gauge metal lining.

Rule 6. When dead bodies are to be shipped by express, all of the preceding rules shall apply except the Removal and Burial Permit shall be attached to and accompany the Waybill.

Rule 7. Bodies deposited in vaults, public or private, shall be prepared in accordance with section (d) of Rule 2.

Rule 8. When a body has been held fifteen (15) days from date of death, permission of the State Health Officer must be obtained before the body is offered for transportation. (Adopted by the State Board of Health of Florida July 23, 1936).

WHY REGISTER BIRTHS AND DEATHS?*

Announcer—This is the 317th Science Service program which every Tuesday takes you to the Land of Science. Mr. Watson Davis, director of Science Service, is out of the city so today's program will be conducted by Mr. Robert Potter, news editor of Science Service.

So, today we are going to find out what birth records and death records are good for. Is that right, Mr. Potter?

**A Radio Talk presented Tuesday, Aug. 11, 1936, under the auspices of Science Service, over the Columbia Broadcasting System.*

BUREAU OF VITAL STATISTICS

Mr. Potter—Yes. There are good reasons for keeping track of births and deaths of the millions of Americans. And some of the uses of those records are extremely important, it seems.

Announcer—A birth certificate is the best evidence for proving you were born. I've always understood that. And a death record—well, I'll leave it to you to straighten that out.

Ladies and gentlemen, Mr. Robert Potter of Science Service, the world's only syndicate devoted entirely to science.

Mr. Potter—To explain what birth and death records are all about, Science Service has asked Dr. Halbert Dunn to come here today. Dr. Dunn's title shows that he is our national expert on these important figures, for he is officially the Chief Statistician of the Division of Vital Statistics, in the Bureau of the Census.

Exactly what does Vital Statistics mean, Dr. Dunn?

Dr. Dunn—The meaning of Vital Statistics in the United States is limited to facts about births and deaths, although in some countries it involves disease statistics as well as marriage and divorce statistics.

Mr. Potter—Where is the Division of Vital Statistics located, Dr. Dunn?

Dr. Dunn—In the Bureau of the Census, Department of Commerce, in Washington. The Division of Vital Statistics is but one of a number of Divisions of the Census Bureau. Since 1850 information on births and deaths has been compiled. At first, these were collected in connection with the decennial census. Since 1900 these statistics have been gathered and published on a yearly basis.

Mr. Potter—Does the Census Bureau have agents in the States who collect birth and death statistics currently?

Dr. Dunn—No indeed. The relationship between the Division of Vital Statistics in Washington and the State Bureaus of Vital Statistics which are located in the Public Health Departments of the States or cities represents one of the outstanding examples of cooperative effort between the Federal and local Governments.

This cooperation is entirely on a voluntary basis. Local registrars are scattered throughout the State so that they can be contacted directly by the doctors, midwives, undertakers, or citizens who file certificates with them. The local registrars of towns and counties send the birth and death certificates to the State Registrars.

The Federal Division of Vital Statistics pays for copies of the original birth and death certificates which are filed in the State offices. Its function involves the tabulation and analysis of the material contained in these copies. From them it publishes the National data on birth and death. The fact that all 48 States have been able to make uniform their pro-

BUREAU OF VITAL STATISTICS

cedures of collecting these data is an achievement of which we can feel proud.

Mr. Potter—So your office has nothing to do with the collection of the original certificates?

Dr. Dunn—Nothing more than to help the States in any way that we are able.

Mr. Potter—I certainly wish somebody had seen to it that my birth certificate was registered. Perhaps I had better start right now to overcome any possible difficulty I may have in getting a passport for a prospective trip to Europe.

Dr. Dunn—Others have experienced this difficulty. Perhaps you remember that when Will Rogers went abroad for the first time in 1926, he applied for a passport and was turned down because he had no birth certificate. He was annoyed with the delay and wrote an article in which he made his famous statement, familiar to many people throughout the country, that "When you see a boy running around with a pair of pants on, or without 'em for that matter, it is pretty good proof that he has been born."

This article of Will Rogers' hurt birth registration in the country. Consequently, early in 1934, a representative of the Bureau of the Census was authorized to interview Mr. Rogers and see if he would withdraw his statement. He changed it to, "When you see a boy running around with a pair of pants on, or without 'em, for that matter, it is pretty good proof that he has been born—but it does not prove when, where at, nor who to."

Mr. Potter—That's a good one!

Dr. Dunn—A proof of "where at" is the most important one of these three questions, because it is the means of establishing citizenship. It is embarrassing to find out upon return to your country that you cannot re-enter because you are not recorded as a citizen. Sometimes it costs a considerable sum of money and several days or weeks of time to establish the necessary fact. It is also a comforting thought as the American travels in foreign countries, to know that the protection of the home country is thrown about him.

Mr. Potter—Not all of us travel abroad. Is a birth certificate needed for other reasons, Dr. Dunn?

Dr. Dunn—Yes. Proof of the date of birth is needed throughout the entire life of the child and adult. In most communities in this country proof of age of the child is demanded before entry to school. In the environment of home, the child is likely to appear advanced mentally, and fond parents are apt to overstate his age in order to obtain his admission to school. Especially is this true when the birth date is a month or two removed from the required age limit.

BUREAU OF VITAL STATISTICS

As a child grows up, proof of the birth date is frequently demanded for other reasons. For instance, child labor laws necessitate proof of age before the youth can go to work. Practically all States, at the present time, have an age limit below which the child cannot drive an automobile.

The right to vote is also involved, particularly if a child who has just come of age is youthful in appearance. The right to marry is another instance in which proof of age is frequently demanded. The same thing is true for the right to enter Civil Service in either the State or Federal employ. Exemption from military service may depend upon the establishment of age outside of the army maximum limit.

Mr. Potter—How about proof of age for the new Federal social security benefits?

Dr. Dunn—At the present time, the necessity for proof of age to obtain old-age benefits is rapidly becoming a paramount social need. With the passage of Social Security legislation, it has become necessary for hundreds of thousands of people to prove that they are 65 years or over before they can obtain the benefits of Social Security.

Since the majority of States did not enter the birth registration area until 1915, the population Census records of 1900 are being used in searches for proof of age on individuals for whom no birth certificate was recorded. In many instances the name of the individual cannot be located in these family records. If it is impossible to locate the doctor or midwife who attended the birth of such a person, and if no relatives are living who can testify to the date of birth, it is difficult for these old people to secure the benefits which are due them.

Mr. Potter—I had no idea that birth statistics were not recorded prior to 1915.

Dr. Dunn—Many States did record some of their births much earlier than 1915, but only on a small per cent. New Hampshire has birth records on file as early as 1640.

Mr. Potter—It looks to me as if everyone should find out whether he has a birth certificate on file. If he doesn't have one, he is apt to find himself in a difficult situation at some time during his life.

Dr. Dunn—That's right! One of the principal uses of both the birth and death certificate is involved with the inheritance of property. Often the property is held in trust and proof of age must be obtained before it can be released.

Also the settlement of insurance claims or the legal execution of wills connected with the administration of estates are involved with the necessity of proof of death, proof of age, and sometimes proof of the cause of death. If the life insurance policy has been issued within a year, it is usually contestable. Likewise, a death certificate is needed before the payment of war risk insurance, and pension claims to widows and orphans.

(To be continued)

A PAGE for the CHILDREN

MOTHER GOOSE HEALTH RHYME



Little Tommy Tucker ~
 Sings for his supper.-
 What shall he have with his
 Brown bread and butter?
 Hot cereal appetizing;
 Milk after pasteurizing.
 Fruits for dessert
 Don't need advertising.



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921
at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912
This Bulletin will be sent to any address in the State free of charge

Vol. 28

OCTOBER, 1936

No. 10

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

TREND TO TRAILERS — *Kennedy*

HIGH COST OF SICKNESS — *McPhaul*

MALARIA DEATHS, 1935 — *Thompson*

NURSERY SCHOOL CHILD — *Mettinger*

SAVE THE DECIDUOUS TEETH — *Geiger*

PROFESSIONAL EDUCATIONAL PROGRAM — *Woods*

WHY REGISTER BIRTHS AND DEATHS — *Broadcast*

W. A. McPHAUL, M.D., STATE HEALTH OFFICER
Jacksonville, Florida

BOARD MEMBERS

N. A. Baltzell, M.D., Pres
Marianna

Shaler Richardson, M.D.
Jacksonville

R. L. Hughes, M.D.
Bartow

STATE HEALTH OFFICER

W. A. McPhaul, M.D.

BUREAUS AT JACKSONVILLE**DIRECTORS**

Laboratories.....	Paul Eaton, M.D., D.P.H.
*Vital Statistics.....	Stewart G. Thompson, D.P.H.
Epidemiology.....	
Sanitation.....	T. S. Kennedy, M.D.
Public Health Nursing.....	Ruth E. Mettinger, R.N.
County Health Work.....	A. B. McCreary, M.D. (Acting)
Maternal and Child Health.....	E. Bryant Woods, M.D.
Mobile Unit.....	A. B. McCreary, M.D.
Accounting.....	G. Wilson Baltzell
Librarian.....	Elizabeth Bohnenberger

*Registration Inspector.....	Anna C. Emmons
Drug Inspector.....	M. H. Doss
Assistant Drug Inspector.....	Frank S. Castor

LABORATORIES

Jacksonville.....	Pearl Griffith, B.E.
Miami.....	E. R. Powell
Pensacola.....	Nina Branch
Tallahassee.....	Estelle Bryan
Tampa.....	H. D. Venters, B.S.

MEDICAL OFFICERS

Jacksonville.....	R. N. Joyner, M.D.
Marianna.....	J. W. McMurray, M.D.
Ocala.....	J. S. Spoto, M.D.
Tampa.....	C. W. Pease, M.D.
West Palm Beach.....	Leland H. Dame, M.D.

DISTRICT SANITARY OFFICERS

Jacksonville.....	Fred A. Safay
Marianna.....	W. W. Miller (Acting)
Ocala.....	C. A. Holloway
Tampa.....	Russell Broughman
West Palm Beach.....	S. D. Macready

PUBLIC HEALTH NURSES

Jacksonville.....	Johanna L. Sogaard, R.N.
Marianna.....	Vandilla Strickland, R.N.
Tampa.....	Mary Hitchcock, R.N.

DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. H. Pickett, M.D.
Marianna, Jackson County.....	Frank V. Chappell, M.D.
Ft. Lauderdale, Broward County.....	Paul G. Shell, M.D.
Perry, Taylor County.....	C. A. O'Quinn, M.D.
Quincy, Gadsden County.....	C. W. McDonald, M.D.
Key West, Monroe County.....	W. P. Rice, M.D.
Clearwater, Pinellas County.....	T. E. Morgan, M.D.

STATE DAIRY SUPERVISOR

Jacksonville.....	A. H. Williamson, D.V.M.
-------------------	--------------------------

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
------------------	--

CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
--------------	--

ADMINISTRATION

W. A. McPhaul, M.D., State Health Officer

THE HIGH COST OF SICKNESS

When the newspapers of America announce that crime costs the people of this country more than a billion dollars each year the public is aroused to such a degree that crime prevention campaigns are started, new legislation is passed, police departments strengthened and many indignant articles printed.

Yet, another great evil, which annually causes the loss of people, is still prevalent. The other evil is sickness and the cost of it mounts far beyond a billion dollars a year.

In days of shifting economic trends we are forced to conserve our money and seek the greatest possible value in the things we buy. We carefully consider the cost of food, clothing, automobiles and other tangible things of life. Sickness is one of the intangible things of life. We cannot see it but it is something that costs a great deal in money and suffering.

Sickness is defined as a "disorder or weakened condition in general." There is a certain vagueness in this definition. What might be a state of sickness in one person may be nearly normal in another. There is much we do not know about sickness. But we do know, with a knowledge that leaves no thought of vagueness, that sickness is an undeniably frequent experience in the lives of the majority of people.

The American Child Health Association places the number of deaths from diphtheria last year at 5,000. This is a great national calamity because every case of diphtheria is a needless one. Diphtheria, a disease which used to be unavoidable and which used to be one of the grimmest reapers of infant life, now can be positively prevented by immunization. The cost of prevention is slight; the cost of needless death is very great.

Another preventable disease which is still with us is typhoid fever. Increased knowledge of proper methods of sanitation and better water and food supplies have reduced the death rate from this disease enormously; but epidemics of varying severity still occur to a needlessly large extent.

Several years ago in one city in Florida with a population of 35,000 to 40,000 there were 89 deaths in the space of 10 years. Each of those who died had an approximate value of \$5,000. Therefore, the loss from this unnecessary mortality was \$445,000. Since the mortality rate of typhoid fever is about one in 15, there were approximately 1,335 cases during the period. Each case costs approximately \$300 for time lost from work, medical and nursing service, hospital bills, etc., which brings the cost up another \$400,500. Adding \$17,800 for funeral and other expenses the total cost of this needless suffering and death was \$863,000

ADMINISTRATION

for the 10 year period. There were only 21 deaths from typhoid fever in the entire State of Florida the first six months of 1936.

How can we be of assistance in protecting our own health and the health of our community? We can make certain that our water and sewerage systems are the best that science offers, for from these two sources comes much of the danger of typhoid fever and other intestinal diseases which kill or incapacitate. We can make sure that our children are protected early in life from smallpox, diphtheria and typhoid fever by vaccination and immunization. We can see that our houses are adequately screened to guard against malaria mosquitoes, which cause one of the major health problems of the South. We can rid our communities of breeding places for insect pests. We can adopt a progressive attitude toward venereal disease control and prevention and support public health workers in attacking these problems. We can interest ourselves in large appropriations for medical research and public health activities.

HUMAN SECURITY WEEK

The National Social Security Act to provide pensions for the aged, the blind and dependent children in Florida will be submitted to a referendum in the November general election. A constitutional amendment providing that the state match dollar for dollar appropriated by the federal government has been proposed as a means of paying pensions to the needy of the state.

There are approximately 8,000 needy men and women over 70 years of age in the state who will benefit by the act in the event of its passage. Pensions will be distributed through the State Board of Social Welfare.

Approval of the security act in Florida will mean that payment of pensions to the aged and blind and for the care of dependent children will be made for nine months with funds provided by the state and national governments. At the end of that period social welfare workers hope the state will be able to provide ample funds for relief purposes.

Under the national act pensions for the care of dependent children are recognized as Mothers' Pensions and the state is required to appropriate two dollars for every one provided by the government.

The federal government, under terms of the national act will provide about \$150,000 in Florida.

Governor Dave Sholtz has proclaimed the week of October 11 to 18 as Human Security Week in Florida to call attention to the need of caring for the aged, the blind, and dependent children of the state.

BUREAU OF DENTAL HEALTH**E. C. Geiger, D.D.S., Director****SAVE THE DECIDUOUS TEETH**

Mouth cleanliness, proper diet, and dental attention, are prevention against tooth decay—disease. Toothache, one of the most painful and prevalent afflictions of modern civilization, is a disease—a disease that can be prevented. It is essentially a disease of childhood and early youth, and is not communicable, but mainly an individual consideration.

Toothache, generally speaking, is a result of decay—a cavity in a tooth. Large cavities, those that encroach upon the nerves and cause toothache, do not just happen. They were once small cavities; too small to cause discomfort and induce a source of infection into the body. It must be obvious that if all of these small cavities can be located and filled before they become large, the child will not suffer from the inconvenience of a toothache.

Nature provides the child with a first set of teeth and these may be termed "nature's training school." These teeth are smaller and fewer in number than the permanent teeth, because the small jaws of little ones are neither strong enough to perform the masticatory functions of an adult, nor substantial enough to carry teeth large enough to perform such functions. The child learns to masticate food with the temporary teeth and so is trained to use the permanent teeth naturally. The premature loss of one of these teeth will upset the efficiency of the entire dental mechanism and retard the normal development of the face and jaw. These teeth guide and train the tongue in its function and aid in speech and handling food. They also help the cheek and lip muscles maintain a definite relationship in facial appearance and assist in strengthening the jaws and muscles of mastication.

The temporary teeth also definitely establish the relative shape and size of the dental arch which they maintain as long as required by nature unless prematurely removed. The deciduous or temporary teeth are to serve the purpose of chewing food for seven or eight years as a unit. When these teeth are lost through decay the child cannot properly masticate his food, and under-nourishment results.

Diseased and infected teeth are a source of infection to the body. It is common knowledge that dental infection reduces the resistance of the body to disease and that it may be the cause of sinus trouble, heart defects, rheumatism, impaired vision, deafness, insanity and even death.

It is true that children will make faster progress in school if their teeth are in good condition. Seventy per cent of all human disease enters the body through the mouth; fifty per cent of all human illness can be prevented by keeping the mouth and teeth clean and healthy.

Neglect of the child's teeth may result in (1) serious mouth infection, affecting the health of the child, (2) irregularity of the permanent teeth

BUREAU OF DENTAL HEALTH

and deformity of the face and jaws, and (3) poor mastication of food causing digestive disorders as well as under-nourishment.

Four simple rules for parents to follow in helping the child to build and maintain strong, healthy teeth are: (1) Supervise the child so that the teeth are brushed regularly and properly at least twice daily; (2) Give the child proper foods, such as milk, fruit, vegetables, and sea foods; (3) Stimulation of the teeth and gums by using raw vegetable salads, bread crusts, and chewing gum; (4) Consult a dentist regularly about the condition of the child's teeth.

In consideration of the above facts, it must be obvious that if a child is prevented from developing a toothache, and his relation with the dentist made a pleasant experience, he will not develop into an adult with the usual fear and apprehension of the dental chair which is the heritage of many people.

BUREAU OF SANITATION

T. S. Kennedy, M.D., Director

THE TREND TO TRAILERS*

Some few years ago, enterprising and hardy individuals of the pioneer type started a new thought. Inspired probably by a lack of suitable housing facilities in some sections, as well as the urge to be able to travel at low expense without the restrictions imposed by more orthodox methods of transportation, the result was the house car. In most cases, in these earlier days, such equipment was, of necessity, homemade and of a primitive nature. It did make it possible for entire families of moderate circumstances to travel, taking their own home on wheels along with them, thereby lowering the expenses to a point not possible previously by any other means. It created an independence of thought and action which had a natural and general appeal.

Analyzing the results of this movement, what is the status of it today? There has evolved from the original house-car idea what is now known as the modern trailer. The modern trailer is equipped with folding beds, china closets, sinks, electrical appliances, and other modern living conveniences, and its use has been adopted in increasing numbers each year by people in all walks of life, until thousands of them are now in use. The existence of the National Tin-Can Tourists Association, the membership of which is

*By S. D. Macready, District Sanitary Officer.

BUREAU OF SANITATION

entirely composed of those who spend their vacations in trailers, is symbolic of this growth. This organization holds meetings yearly in Arcadia and Sarasota, Florida, which are attended by large groups of such tourists. Time Magazine, in a recent article, forecasted that an increasingly large number of Americans will be using trailers during the next few years. Then, coupled with these facts, is the announcement in trade journals and the press that several large car manufacturers are completing plans for the production of trailers on a large-scale basis which should so materially affect the price that modern trailers will soon become available at much lower prices than even present manufacturing methods permit.

In the face of such news, it is evident that the popularity of this means of travel is growing by leaps and bounds. There were more trailers in Florida during the past winter season than at any other time in the history of the state. As the winter playground of the nation, Florida can, and should, encourage this movement for by so doing, the number of tourists to be entertained within our borders each winter season will be materially increased.

The presence of large numbers of trailers in our midst, however, brings up the problem of sanitation. They must be accommodated in such a manner that the health of the occupants, as well as that of the residents of the State, will not be impaired. In all fairness to the users of trailers and to the resident population of the State, trailers cannot be permitted to camp indiscriminately on vacant lots, beaches, or highways without sanitary facilities. They are required to camp only in certified tourist camps provided for this purpose. This problem is ours. That it has been recognized is well illustrated by the passage, in 1927, of an act of legislature which defines tourist camps, and makes it necessary for all such establishments to comply with fundamental sanitary regulations determined by the State Board of Health before being permitted to operate. The enforcement of this act, during the nine years since its passage, has been a major activity of the Bureau of Sanitation. Because of this activity, tourist camps in the State of Florida are keeping pace with the time. As the trailers become more modern, and increase in numbers, so the tourist camps are becoming more modern and more plentiful. The older camps have remodeled, increased and improved sanitary facilities in most cases, and are in position to offer better accommodations than ever before. The newer camps, without exception, provide the most modern of trailer accommodations.

The coming winter season will see hordes of trailer tourists in our State. Present indications are that there will be even more than last winter. We will be glad to have them, and have done our best to provide them with tourist camps where they may have drinking water of known sanitary quality, flush toilets, showers, clothes washing equipment, and all other modern conveniences. It is sincerely hoped that their stay will be both pleasant and healthful.

BUREAU OF MATERNAL AND CHILD HEALTH**E. Bryant Woods, M.D., Director****PROFESSIONAL EDUCATIONAL PROGRAM****Purpose**

To reach every physician and nurse in the State, especially those in rural areas, with postgraduate or "refresher" courses in obstetrics, medical complications of pregnancy, orthopedic surgery and pediatrics.

For this purpose, provision has been made in a plan submitted to the Children's Bureau of the Department of Labor in Washington, from which funds have been secured as provided for by the Social Security Act for postgraduate education. If these postgraduate courses are well attended and the results justify the expenditures, it may be possible to increase the appropriation for this phase of the work during the next fiscal year.

We feel very strongly that what is actually accomplished in the conservation of maternal and infant lives in the State of Florida rests in the hands of the medical and nursing professions. We can do a great deal through education to reduce infant and maternal mortality rates and to build up sound health through establishing good hygiene, but without the participation of every physician and nurse, the State of Florida can never reach a leading place in the nation.

Physicians and nurses of the State should consider it their duty to acquaint themselves with the health conditions in their community. Maternal and infant mortality figures will be provided by the Bureau of Vital Statistics upon request. Few physicians are aware of the variability of maternal and infant mortality for various portions of the State or with the place our State holds with reference to other states in maternal and infant mortality rates.

Times and styles have changed in medicine as in other things. It has not been long ago that we did not even have the germ theory of disease. That brought a tremendous change in the medical profession, slow at first but later rapid. The possibilities of disease prevention through immunization followed and the field of work for the physician was materially broadened with many men ready to grasp a greater vision. Diagnosis of frank diseases is a relatively simple thing compared to the recognition of the early indications of abnormal functioning of the body as a whole, or of any of its parts. Health examination requires a special technique and use of the sense of the examiner, far greater than that needed for the examination of an individual with disease. The field is most challenging.

With the advance of medical science, the fields of pediatrics and obstetrics have made rapid strides. The busy practitioner finds it difficult to peruse the abundant modern medical literature and ascertain the valu-

BUREAU OF MATERNAL AND CHILD HEALTH

able and practical material contained therein. Insofar as the State Department of Health, through its Maternal and Child Health Bureau, can bring postgraduate education to the medical and nursing professions by means of motion picture demonstrations and lectures, and by more extensive postgraduate courses conducted by outstanding teachers and clinicians of the country, it will have fulfilled a duty and accepted a privilege.

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF AUGUST, 1936

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites..	1643	456	267	117	36	2519
Diphtheria	404	159	65	177	19	824
Typhoid	1676	338	103	56	25	2198
Malaria	1743	343	154	38	153	2431
Rabies	22	4	4	..	..	30
Tuberculosis	294	190	23	49	6	562
Gonorrhea	1293	462	252	198	58	2263
Kahn	6456	2005	528	1869	164	11022
Water .....	..	58	27	234	..	319
Milk	284	381	148	481	116	1410
Miscellaneous	1244	37	312	326	35	1954
	15059	4433	1883	3545	612	25532

Specimen Containers Distributed.....9057

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	38 Packages
	5,000 units	7 Packages
Schick		1440 Tests
Toxoid		1075 C. C.
Typhoid Bacterin		3688 Treatments
Vaccine Virus		1724 Capillaries
Antirabic Virus		29 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD BE
DIRECTED TO THE STATE LABORATORY, STATE BOARD
OF HEALTH, JACKSONVILLE, FLORIDA

BUREAU OF PUBLIC HEALTH NURSING**Ruth E. Mettinger, R.N., Director****NURSERY SCHOOL CHILD**

The old proverb, "An ounce of prevention is worth a pound of cure," if practiced, can hardly fail to maintain good health and lessen susceptibility to disease. The first two or three years that a child attends the nursery school gives the teacher and the nurse a wonderful opportunity to see that the child is physically and mentally prepared for his future life. It also gives the child the opportunity of developing his originality and teaches him the proper contact with other children, giving him a different attitude toward life. Service of others is natural to the normal child; if he becomes selfish and lazy something is wrong with his handling. Very often, too much is done for him or time is not given for the child to do things for others.

Imitation is no doubt developed earliest and is very strong. He learns almost everything from those around him; his moods very often reflect what he sees and hears. For this reason, the nurse, the teacher, and the parents should be guarded constantly in their actions. The little child is a perfect mirror for the grownups.

In the nursery school the teacher has an opportunity of recognizing and developing talents of the individual, which is most important in the development of his character in later years.

Health, not only in the nursery school, but before the child is born is the foundation of a successful life.

One of the most important functions of the nursery schools is the morning inspection. This does not necessarily have to be done by the nurse, but the teachers can be taught the proper procedure.

By observing more closely the child's physical condition, the teacher very often will have a better understanding of the home condition of the child. As part of the routine, the mother should be questioned in regard to the child's eating and sleeping habits at home. If symptoms of illness are found upon inspection, he should be excluded from the nursery school and the mother advised to see a physician before allowing the child to return.

It is the duty of every teacher and nurse to interest and teach the mothers to recognize symptoms of diseases and not allow the child to attend school if he has an inflamed throat, sore eyes, a skin eruption, or a running nose.

Colds are highly communicable, particularly among young children who are unable or do not bother to take the precautions which help to control the spread; that is, covering the mouth with a handkerchief when coughing, and washing the hands frequently. Furthermore, colds very often are the forerunners of serious diseases. The child should be ex-

BUREAU OF PUBLIC HEALTH NURSING

cluded to safeguard not only his own health but the health of the other children.

One cannot begin too soon to form the good habits of individual wash cloths and towel, hair brush, tooth brush, bed covering, drinking cup, etc. This not only prevents transmission of diseases to others but gives the child a sense of ownership and responsibility. In personal hygiene, more can be accomplished if the child is trained to like the things that are best for him.

Water is an essential for the child's health. A well known English writer states that "Water to the body—the whole body—is a necessity of life, of health, and of happiness; it wards off disease, it braces the nerves, it hardens the frame and it is the finest tonic in the world."

One-eighth of all deaths of the nation occur before the age of five. During this period, malnutrition is most prevalent and faulty habit formations have their roots in this period.

If these suggestions are followed by the teachers and the parents, children will have a much better chance to develop strong, healthy bodies.

"THE NEXT GREAT PLAGUE TO GO"

An urgent plea for syphilis control and eradication is made in an article, written by Thomas Parran, Jr., M.D., Surgeon General of the United States Public Health Service, appearing in the July issue of Survey Graphic Magazine. An abstract of the article is published in the July issue of the Readers Digest.

Bearing the title, "The Next Great Plague to Go," the article includes information regarding transmission of the disease, to what extent European countries have controlled the disease, the American attitude, cost of eradication, control procedure, and the urgency for control.

"There is reason to believe that if all conditions due to syphilis were reported as such, it would be found the leading cause of death," Doctor Parran writes.

"We have been justly concerned about the number of automobile accidents in this country, which resulted during the year 1934 in 107,000 cases of permanent disability . . . Yet in that same year syphilis attacked and disabled more than a half million persons.

". . . One adult in ten (in the United States) is infected by syphilis at some time during his or her lifetime.

". . . The rate of syphilis continues so high in the United States that it may in time be known as the Great American Disease."

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D.P.H., Director

WHY REGISTER BIRTHS AND DEATHS?— (Continued)*
Preceding Installment in September Issue

Mr. Potter—How does one register a death certificate?

Dr. Dunn—The doctor in charge of the case is required by law to fill in the information as to the place of death and cause of death on the certificate. Before the body can be buried or moved from one district to another the undertaker must file the certificate with the local registrar.

Mr. Potter—Are birth certificates registered in the same way?

Dr. Dunn—Yes. If no physician or midwife is present, the parent gives the facts to the local registrar. This must be done within 10 days after birth and the certificate filed with the local registrar of Vital Statistics.

Mr. Potter—Is there any way that the family can know whether a birth certificate has been filed by the doctor?

Dr. Dunn—Practically all of the States send a Notification of Birth Registration to the family. This not only informs the parents of the fact that a certificate is on file, but gives them a chance to know whether these facts are filed correctly or not. It is important for the certificate to be filed within the first ten days after birth because if this is done the integrity of the record is not questioned in after years in a court of law. An application to file a deferred certificate later in life is so frequently associated with fraud that its authenticity is questioned by the court.

Mr. Potter—What kind of fraud?

Dr. Dunn—I know of one instance where individuals were smuggled into this country under the protection of a falsified birth certificate. The smugglers were finally apprehended because they used the same certificate repeatedly until it became tattered, thus arousing the suspicion of the immigration officials.

Mr. Potter—How does one file a deferred birth certificate?

Dr. Dunn—This process varies from State to State. In the States which are strictest, an affidavit is required from the doctor attending the birth, as well as from two members of the family.

Mr. Potter—It seems to me that it would be wise for every parent who does not receive a Notification of Birth Registration to find out from his local registrar or his family physician what is wrong.

**A Radio Talk presented Tuesday, Aug. 11, 1936, under the auspices of Science Service, over the Columbia Broadcasting System.*

BUREAU OF VITAL STATISTICS

Dr. Dunn—Quite right! Every family should check this fact.

Mr. Potter—I would like to see a sample of this Notification of Birth Registration.

Dr. Dunn—I have one right here. A few of the States have their own forms of notifications. In an attempt to obtain a more attractive Notification of Birth—one which would be prized by the mother—the Bureau of the Census has designed a handsome new Notification form.

Mr. Potter—Are there any other reasons, Dr. Dunn, why registration of births and deaths is important to the individual citizen?

Dr. Dunn—There are many other ways in which the citizen makes use of birth and death information in an indirect fashion. The death certificate, for instance, plays an important part in the community health program.

The State Health Department protects the citizens by testing the food and water supply, and by controlling communicable diseases. Typhoid fever in a community may mean a polluted water supply. If smallpox appears in your town, the services of the doctors and teachers are enlisted in a campaign for vaccination. How people die, is a question of the utmost importance to the public health officer and the family physician. Inability of the public health service to obtain promptly information required on the death certificate may mean that the community will pay the price in precious lives.

Mr. Potter—I suppose that is the reason why the death certificate must be reported before the body can be buried.

Dr. Dunn—Precisely. From the public health standpoint, everything depends upon how soon the knowledge of a death from a communicable disease becomes known to the Public Health Service.

Mr. Potter—How about child health activities?

Dr. Dunn—The success of the child health program depends on a knowledge of the occurrence of birth. The Notification of Birth is usually taken to the family by the public health nurse. Unless the birth is registered the child cannot be visited, invited to attend clinics, nor included in an immunization campaign. The distribution of National funds available for child welfare work is based upon the percentage of births in the various States. A number of States last year lost their full proportion of these funds simply because a considerable proportion of the births in the particular States were not registered.

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Malaria, by Color, by Counties—
Florida, 1935

COUNTIES	RECORDED			RESIDENT		
	Total	White	Colored	Total	White	Colored
0. State	331	196	135	327	191	136
1. Alachua	17	14	3	16	13	3
2. Baker	2	1	1	2	1	1
3. Bay	3	3	0	2	2	0
4. Bradford	0	0	0	2	2	0
5. Brevard	1	1	0	0	0	0
6. Broward	10	5	5	9	5	4
7. Calhoun	3	3	0	3	3	0
55. Charlotte	0	0	0	0	0	0
8. Citrus	4	2	2	3	1	2
9. Clay	0	0	0	0	0	0
62. Collier	0	0	0	0	0	0
10. Columbia	9	8	1	7	6	1
11. Dade	1	1	0	3	3	0
12. DeSoto	2	1	1	2	1	1
56. Dixie	6	5	1	5	4	1
13. Duval	11	6	5	12	5	7
14. Escambia	4	3	1	5	4	1
53. Flagler	3	1	2	3	1	2
15. Franklin	4	2	2	4	2	2
16. Gadsden (Ex.) ..	23	6	17	22	5	17
State Hospital ...	0	0	0	0	0	0
64. Gilchrist	4	2	2	4	2	2
57. Glades	0	0	0	0	0	0
65. Gulf	1	0	1	1	0	1
17. Hamilton	4	1	3	5	2	3
58. Hardee	7	7	0	8	8	0
63. Hendry	1	0	1	1	0	1
18. Hernando	3	2	1	3	2	1
59. Highlands	0	0	0	0	0	0
19. Hillsboro	23	15	8	22	14	8
20. Holmes	7	7	0	7	7	0
66. Indian River	0	0	0	1	1	0
21. Jackson	24	13	11	25	14	11
22. Jefferson	12	6	6	11	5	6

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Malaria, by Color, by Counties—
Florida, 1935—(Continued)

COUNTIES	RECORDED			RESIDENT		
	Total	White	Colored	Total	White	Colored
23. Lafayette	1	1	0	1	1	0
24. Lake	5	2	3	4	1	3
25. Lee	5	1	4	5	1	4
26. Leon	11	5	6	11	5	6
27. Levy	3	2	1	4	3	1
28. Liberty	2	1	1	3	2	1
29. Madison	12	4	8	12	4	8
30. Manatee	9	7	2	6	4	2
31. Marion	16	7	9	14	5	9
67. Martin	1	0	1	1	0	1
32. Monroe	0	0	0	1	1	0
33. Nassau	1	0	1	2	1	1
34. Okaloosa	4	4	0	4	4	0
54. Okeechobee	1	0	1	1	0	1
35. Orange	2	1	1	2	1	1
36. Osceola	1	1	0	1	1	0
37. Palm Beach	1	0	1	1	0	1
38. Pasco	3	2	1	2	1	1
39. Pinellas	4	4	0	1	1	0
40. Polk	15	9	6	14	8	6
41. Putnam	5	2	3	5	2	3
42. St. Johns	0	0	0	0	0	0
43. St. Lucie	1	1	0	1	1	0
44. Santa Rosa	3	3	0	3	3	0
60. Sarasota	0	0	0	0	0	0
45. Seminole	3	1	2	3	1	2
46. Sumter	2	2	0	3	3	0
47. Suwannee	10	5	5	11	6	5
48. Taylor	6	4	2	6	4	2
61. Union	0	0	0	0	0	0
49. Volusia	3	3	0	3	3	0
50. Wakulla	5	3	2	5	3	2
51. Walton	3	3	0	3	3	0
52. Washington	4	3	1	6	5	1



"AN ANNUAL PHYSICAL EXAMINATION IS THE BEST POLICY"

* I CASH LIBRARIAN
FLA STATE LIBRARY
TALLAHASSEE FLA

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge

Vol. 28

NOVEMBER, 1936

No. 11

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

FIRST AID — *Mettinger*

MILK SANITATION — *Williamson*

RABIES — HYDROPHOBIA — *McCreary*

FLORIDA PUBLIC HEALTH MEETING, TAMPA

FUNCTIONS OF A COUNTY HEALTH DEPARTMENT — *McPhaul*

CARE FOR THE CHILD BEFORE AND AFTER BIRTH — *Woods*

W. A. MCPHAUL, M.D., STATE HEALTH OFFICER

Jacksonville, Florida

BOARD MEMBERSN. A. Baltzell, M.D., Pres.
MariannaShaler Richardson, M.D.
JacksonvilleR. L. Hughes, M.D.
Bartow**STATE HEALTH OFFICER**

W. A. McPhaul, M.D.

BUREAUS AT JACKSONVILLE**DIRECTORS**

Laboratories.....	Paul Eaton, M.D., D.P.H.
*Vital Statistics.....	Stewart G. Thompson, D.P.H.
Epidemiology.....	
Sanitation.....	T. S. Kennedy, M.D.
Public Health Nursing.....	Ruth E. Mettinger, R.N.
County Health Work.....	A. B. McCreary, M.D. (Acting)
Maternal and Child Health.....	E. Bryant Woods, M.D.
Mobile Unit.....	A. B. McCreary, M.D.
Tuberculosis.....	A. J. Logie, M.D.
Dental Health.....	E. C. Geiger, D.D.S.
Accounting.....	G. Wilson Baltzell
Librarian.....	Elizabeth Bohnenberger
*Registration Inspector.....	Anna C. Emmons
Drug Inspector.....	M. H. Doss
Assistant Drug Inspector.....	Frank S. Castor

LABORATORIES

Jacksonville.....	Pearl Griffith, B.E.
Miami.....	E. R. Powell
Pensacola.....	Nina Branch
Tallahassee.....	Estelle Bryan
Tampa.....	H. D. Venters, B.S.

MEDICAL OFFICERS

Jacksonville.....	
Marianna.....	J. W. McMurray, M.D.
Ocala.....	
Tampa.....	C. W. Pease, M.D.
West Palm Beach.....	Leland H. Dame, M.D.

DISTRICT SANITARY OFFICERS

Jacksonville.....	Fred A. Safay
Marianna.....	W. W. Miller (Acting)
Ocala.....	C. A. Holloway
Tampa.....	Russell Broughman
West Palm Beach.....	S. D. Macready

PUBLIC HEALTH NURSES

Jacksonville.....	Johanna L. Sogaard, R. N.
Jacksonville.....	Lalla Mary Goggans, R.N.
Jacksonville.....	Julia O. Graves, R.N.
Marianna.....	Vandilla Strickland, R.N.
Tampa.....	Mary Hitchcock, R.N.

DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. H. Pickett, M.D.
Marianna, Jackson County.....	R. N. Joyner, M.D.
Ft. Lauderdale, Broward County.....	Paul G. Shell, M.D.
Perry, Taylor County.....	C. A. O'Quinn, M.D.
Quincy, Gadsden County.....	C. W. McDonald, M.D.
Key West, Monroe County.....	W. P. Rice, M.D.
Clearwater, Pinellas County.....	T. E. Morgan, M.D.
Tampa, Hillsboro County.....	J. S. Spoto, M.D.
Crawfordville, Wakulla County.....	J. W. McMurray, M.D. (Acting)
Apalachicola, Gulf—Liberty—Calhoun—Franklin County.....	J. W. McMurray, M.D. (Acting)

STATE DAIRY SUPERVISOR

Jacksonville.....	A. H. Williamson, D.V.M.
-------------------	--------------------------

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
------------------	--

CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
--------------	--

ADMINISTRATION

W. A. McPhaul, M.D., State Health Officer

THE FUNCTIONS OF A COUNTY HEALTH DEPARTMENT

County health service was originated by public health leaders who saw the need for adequate health organization for the homes and schools of the smaller towns and the rural communities; a health department fully equipped with trained personnel, and permanently located in the midst of the community it served, and intimately acquainted with the needs of that community.

The first full-time county health department was established in North Carolina, Guilford County, in 1911. Since that time this movement to localize public health service has grown steadily until now there is scarcely a State in the Union that does not have at least a few such county health departments, and there are many States where the majority of counties receive such service.

The Social Security Act whereby every State was allotted its portion of the funds provided for enlarged public health service has given great impetus to the movement to establish adequate local health service by this method.

Since the idea of county health departments was first thought of some twenty-five years ago, it has undergone the most careful scrutiny and frequent revision. It has progressed along with all other phases of public health work. The county health department of today is the result of tried and tested procedure. It has long since outgrown the experimental stage and has taken its place as the most workable and most efficient unit of public health service. The county health service can be relied upon to carry modern health practices to every school and home. Its organization differs in size with conditions, problems, and financial resources. It may be larger or smaller as the case requires, but the minimum organization calls for a full-time director of the Department who shall be a qualified physician trained in public health methods, a nurse, a sanitary inspector and a clerk. Each has his separate duties to perform, and all work together in the interest of adequate community health.

In 1931, the Legislature of the State of Florida enacted a permissive county health law, whereby every county in Florida was authorized to co-operate with the State Board of Health in the establishment and maintenance of full-time local health units.

ADMINISTRATION

I wish to call your attention to one phrase in this law, "education of the public." There in four words is stated the most important function of a county health department, "education of the public." It has been said, and rightly, that these last few years have seen the close of one era in public health and the opening of a new era. In the new era of public health it is recognized that the chief function of public health is an educational one. We now know how to prevent most of the communicable diseases. We know that a sanitary water supply and clean milk will minimize the danger of contracting typhoid, dysentery and other intestinal diseases, and that proper disposal of sewage is essential. These are the obvious things which are vitally necessary to the health of any community, or home, or school. And yet, we continue to have these diseases. Modern medical science has reached the point where almost any prospective mother, provided she follows an adequate prenatal regime, may be assured of a safe delivery for herself and a healthy child. Yet thousands of mothers continue to die annually from the effects of childbirth, and our infant mortality rate continues much too high. The reason for this situation has been found to be the lack of a properly informed public. It is the business of the county health department to see that these facts are made a part of everyday common knowledge to the people of their community. This is the chief aim and function of modern public health. It will not be done in a day; it could be done in a generation provided there were adequate funds and personnel to help.

Let us take for example one case — a young woman is going to have a child. She is just an average young woman, living in a community served by an efficient county health department. At a meeting of her club she has heard a talk by the public health nurse about proper prenatal care. She has been made to realize that she has a responsibility to the child that is to come. So, remembering the advice of the nurse, she pays an early visit to her private physician. She is thoroughly examined, receives her physician's advice as to proper diet, exercise, clothing, mental attitude, et cetera, and is told to come back at stated intervals through her pregnancy for further examination. With her physician, she makes proper arrangements for her delivery, either at a hospital or in her home. The result is a safe delivery for the mother and a healthy normal baby. The physician, who has had the opportunity of full knowledge of the pregnancy, will see that the after care of both mother and child is correct. The child reaches the pre-school age, properly immunized against diphtheria, vaccinated for smallpox and so prepared to weather the important years of school life.

It is to be hoped that this mother continues to watch over the health of her child intelligently. But suppose she doesn't. Here again the health department, through its routine inspection of the school children of the community, catches up with this child. Examination of its teeth shows that the child should see a dentist. A card is sent to the parents of the child,

ADMINISTRATION

explaining the defect found and suggesting that a visit should be made to the family dentist. It is not compulsory, only a suggestion that the child needs dental care. Nine times out of ten the parents will follow up the suggestion by a visit to the dentist. Eye and ear defects would be discovered the same way, and the child referred to the family physician. In the ideal state, when the public is fully educated in the principles of health, fully health conscious, it would not be necessary to thus constantly remind the parents of the necessity of doing these things. But we have not yet reached that state. The efficient county health department, all through the school life of this child, will serve as an aid in guiding the parents and the child himself toward the knowledge of how to keep well.

In the high school years, those years so important in guarding the adolescent from tuberculosis, the child will be examined. If the child has been a part of this same community, the chances of his having acquired tuberculosis would be very small. But perhaps, there are other children in the school who have not been so carefully followed, children who are harboring the germs of tuberculosis and are thus a source of danger to the whole school. Such cases will be discovered and referred to their private physician for treatment. The home environment of such a case would be closely looked into to discover the source of infection, and steps taken to safeguard other members of the family and the community from the disease. If the family is indigent, the case is referred to the welfare department. This would be true with any other discovered case of sickness by the health department. The role of public health is to educate and prevent, and the question of treatment of disease is strictly in the province of the private physician. An indigent case of sickness is in the class of medical relief and is a question between the welfare department and the private physician to whom the case is referred. It is distinctly not the function of a health department.

We have followed this child from birth through the high school years, and we have seen that he is ready to either continue on to college or to enter the work of the world. In his hand he carries a priceless legacy, good health. His preparation both mentally and physically fits him to take his place in the community as an asset and not a liability. The health knowledge which he has acquired along the way will be passed along by him to his own children and to his community.

This is the way in which the county health department can be of inestimable value to the community which it serves. An intelligent health department will work hand in hand with the private physicians, always realizing its own functions and never intruding upon those of its ally, the private doctor. There is no need or reason to intrude. The individual treatment of illness by the private physician is necessary to the public health. The educational value of public health practice will in turn make private practice of greater value both scientifically and economically.

MOBILE UNIT

A. B. McCreary, M.D., Director

RABIES — HYDROPHOBIA

For the past few weeks there have been numerous queries regarding mad dogs, rabid animals of all types, persons bitten by rabid animals and the safest procedure to follow. Rabies is a fatal disease once it has developed, and the individual suspecting that he or she may have been exposed to the disease should immediately consult a physician. The incubation period is very variable, depending upon the site of inoculation as well as the extent of mechanical injury produced.

The commonest source of infection is from dog bites, although one may become infected from getting saliva of an infected animal upon a break in the skin. One common method observed is that employed by the thoughtless and uninformed individual who very sympathetically tries to remove "the bone" from the dog's throat, which he believes to be lodged there. This frequently being his own animal, he mistakes the symptoms of throat paralysis for mechanical obstruction and thrusts his hand down the animal's gullet, and only removes it after getting a thorough sloshing in the infected saliva which is abundant. The animal seldom attempts to bite his master and will passively submit to this manual exploration. Later realizing that it was not a bone but something far more serious, the anxious owner is eager to know if he could have been infected by his hasty act. The answer, of course, is "yes." Getting infected saliva on a sore or any break in the skin is equivalent to a bite and should be treated as such.

Rabies may be recognized in a dog by any change from the dog's normal behaviour. A usually playful dog becomes irritable and will seek dark, quiet places, retiring to a remote corner under some building. A bad natured animal may show a complete reversal of temperament. After a prodromal stage of a few hours the animal passes into an excitable state known as the furious type, or into the paralytic type known as dumb rabies. The furious type is by far the most common in animals and gives rise to the name "mad dog," as the animal will start on a rampage, traveling thirty or more miles, biting, slaving, running, fighting and scattering virus everywhere he touches. He will return home, if not killed or injured, looking worn from the experience, refuse food and water, may even start another excursion if the advancement of the disease does not stop this by merciful paralysis. The paralysis begins in the hind quarters and advances to the brain and vital centers. The furious stage may last three to five days and the terminal paralytic stage only a few hours. In the paralytic or dumb type the animal passes directly from the prodromal stage to the paralytic stage and the end is much quicker.

A very high percentage of dogs and other lower animals are susceptible to rabies, while in man only 16 per cent are susceptible. As there is no

MOBILE UNIT

way of knowing who is in the group of 16 per cent susceptible nor who is among the 84 per cent non-susceptible, it is necessary to protect all persons bitten by known rabid animals with rabies treatment. Any person known to have been exposed to a rabid animal should see his physician immediately.

The wound should be treated with fuming nitric acid, which apparently has an affinity for seeking out the virus and destroying it, and the rabies preventive inoculations immediately instituted. There are two types in common use; one treatment of fourteen doses known as the Semple treatment (all doses are of equal amount), and the graduated Pasteur treatments consisting of 21 or more doses. For the average case when the patient is bitten upon the extremities the Semple treatment is used. In cases where the patient is bitten about the face or neck, the efficacy of the treatment is very doubtful. Owing to the short incubation period, because of the nearness of the lesion to the brain, it is not at all improbable that the rabies "shots" will be of no avail to these patients. In the light of our present knowledge, one would hardly be justified in refusing the victim the treatment on that ground, but nevertheless we do know that many contract the disease from facial wounds after having received ascending doses of the Pasteur treatment as frequently as twice or more a day. And still others, having the same type wound, receive the treatment and do not develop the disease. We know the one developing the disease belongs to the group of 16 per cent who are susceptible and that he did not acquire immunity from the "shots." Did the other individual belong to the group of 84 per cent non-susceptibles, or was he protected by the vaccine? It is very doubtful whether enough immunity is created in less than a month's time to protect the individual. The success of the so-called "mad-stone" is based upon these percentage figures. Out of ten persons bitten, not more than two develop the disease after the mad stones were applied to the wound, hence the popular fallacy that eight out of ten had been cured by the application.

The vaccine is advised and urged in all cases where there is a known positive contact. Yet the treatment should not be taken simply as a lark. It is not without its ill effects in some cases. The author has given some 1,500 or more persons the complete rabies dosage, both Semple and Pasteur, and the only untoward symptom noted was violent and persistent headache lasting 24 hours or more. The mechanical job of giving the inoculation is so simple that frequently the patient would be given the treatment while standing, until it was noted that in quite a few cases the patient would sway and fall into a dead faint while the physician turned to lay the syringe aside. For this reason, the treatments should never be given except when the patient is in the recumbent position, as there is likelihood of sustaining serious injury from this fall.

Rabies has been controlled in England, Australia and elsewhere by rigid laws requiring the licensing, inoculation and muzzling of dogs. Such reg-

MOBILE UNIT

ulations in this country, when enforced, have proven highly successful. Again education comes forth as an important factor, as it is necessary to create a public opinion which holds children in higher regard than dogs.

The following "Don'ts" are being outlined for your protection. If you are bitten by a rabid or supposedly rabid animal:

1. *Don't delay — see your doctor immediately!* Sometimes for persons bitten on the face and neck it is advisable to begin taking treatments while the dog is under observation. If, after the first seven days and seven treatments, the animal is alive and appears well, the treatment may be discontinued pending development of symptoms in the dog within the next few days, but if the animal is all right at the end of two weeks, you may dismiss the matter. The cases in which the greatest speed is necessary are those bitten on the face and neck. They are the ones who are advised to take the precautionary measures of seven shots pending the outcome of the dog under observation.

2. *Don't kill the dog or animal that bit you!* This animal should be kept securely penned up for at least two weeks. At the expiration of that time, the animal will be dead if he had the rabies at the time you were bitten. The animal should *not* be killed. If it has rabies it will die within a week from the onset of the symptoms and the laboratory can give a more satisfactory report upon the animal if it is allowed to die. Too frequently when the animal is shot and the head sent to the laboratory it is too early for the negri bodies to develop in the brain and consequently the report is unsatisfactory and misleading, through no fault of the laboratory. When it becomes necessary to destroy the animal this should be done without injury to the brain, and the head put on ice and shipped immediately to the State Laboratory. When the animal is still living and healthy, this is the best negative report possible. Hence, the value of penning the animal.

3. Don't let your dog run around loose at any time and especially in the presence of an epidemic.

4. Don't be indifferent to the best interests of your community. Be one of the first citizens to ask for necessary legislation to crush out the menace.

5. Don't be silly! Use the sane, sober, common sense which you have. Do not insist upon killing a neighbor's dog simply to gratify a grudge! Do the sensible thing and have the dog kept under observation. Don't play with strange dogs!

BUREAU OF PUBLIC HEALTH NURSING**Ruth E. Mettinger, R.N., Director****FIRST AID**

The function of the public health nurse, with respect to first aid, is to teach the application of simple emergency measures.

The very wording of the phrase, "first aid," is descriptive in that it implies "on the spot" assistance in case of accidents, whether it be protecting small cuts and bruises from the danger of infection, resuscitation of the near-drowned, or rendering all possible comfort to the severely injured accident victim.

The ability to give efficient first aid is an acquired one, and the presence of a cool head and skillful hands in an emergency is the result of painstaking instruction in first aid technique.

Mere watching on the part of a class in first aid will not produce instructed pupils. The class must actually go through every procedure. Awkwardness in handling the iodine bottle, clumsiness in wrapping a bandage around a cut finger, will disappear after several attempts under the helpful eye of the nurse. The extent of a course in first aid will be decided by the time allotted to such teaching, by the age of the pupils, and an evaluation of the results desired.

The teaching of first aid supplies an excellent opportunity for education in accident prevention. A lesson on the treatment of cut fingers can and should include discussion on the means of preventing such occurrences. Children will quickly see the reason for handling a sharp knife with care, for putting nails, needles, and pins in a safe place, for respecting the power of a lighted match, if such things are coordinated with the accidents which they cause. Even if time, and the age of the pupils makes inadvisable the teaching of the more difficult first aid techniques, such as resuscitation of the drowned, the teacher can create a respect for the dangers inherent in swimming. To instill a sense of responsibility for his own welfare and safety in every child is to go a long way toward the ideal permeating all first aid teaching. If, while expressing sympathy with the victim of avoidable accidents, the nurse can at the same time make the pupils aware that the victim has failed in his responsibility to himself, a valuable lesson will have been taught.

Accidents in the home are frequent, and first aid teaching should include a lesson in the proper first aid materials to be kept in the family medicine chest. Only a few of these should be kept in the chest, and reserve supplies should be placed, well wrapped and protected from dust, in some other convenient place. Only a small amount of sterile supplies to cover a cut or wound is needed at one time, for these quickly become contaminated and non-sterile after having been opened. One small, sealed package of sterile gauze, and one or two sealed, two-inch bandages are

BUREAU OF PUBLIC HEALTH NURSING

sufficient. Materials to hold the sterile dressing in place are also needed. The two-inch bandage, or bandages made from freshly laundered home materials, such as old linen or muslin may be used. If adhesive tape is used, it must be remembered that it is not a sterile material and should not be placed directly upon an open wound. Absorbent cotton for use in applying iodine is useful and necessary. Blunt scissors should also have a place in the medicine cabinet. Various types of first aid kits are sold commercially, if such are desired, and generally include all necessary articles for such emergencies as arise in the home or school.

The American National Red Cross offers a first aid course through its local chapters.

BUREAU OF MATERNAL AND CHILD HEALTH

E. Bryant Woods, M.D., Director

CARE FOR THE CHILD BEFORE AND AFTER BIRTH

The state of nutrition of the expectant mother plays a major part in the development of the embryo during the entire pregnancy period. The fetus is a true parasite and will obtain the necessary chemical constituents from its host (the mother), often at the expense of the host's own body. This parasite demands minerals such as calcium, phosphorus, manganese, magnesium, potassium, sodium, etc., which are obtained from milk, vegetables (especially the leafy vegetables) and other foods. It is essential that the maternal organism not only have the necessary minerals, but that it have sufficient fuel to adequately supply the chemical process of the mother's own body which we speak of as metabolism. If these necessary components of diet are omitted, the mother is malnourished, anemic, nervous or may possess some chronic constitutional disease; therefore, normal development of the fetus will be impaired and anomalies may result. The muscular tone of the uterus and supporting abdominal and pelvic muscles should be adequate to assure the proper support for the developing child.

Adequate rest for the mother is essential if her metabolic processes are to be sufficient for the child's development. If a mother is worried because of the possibilities of complications of pregnancy, or looks forward to the

BUREAU OF MATERNAL AND CHILD HEALTH

act of childbearing with fear and dread, this nervous tension often disturbs the normal physiological process. The mother should live sanely, avoid excesses of all kinds and have adequate exercise in order that her metabolism, though increased by pregnancy, may continue normally.

The child has certain definite rights; for instance, the child has the right to be *well born*, the child has a right to be *born well*, and the child has a right to be *well after being born*. We have discussed the first, now let us turn to the task of making a well developed child into a physically strong individual. Early diet regulation, as given by a physician, gives a good physical body to the child. Early habit regulation assures a normal physiological function of the child's body. Of course, the child must have adequate minerals, vitamins, and protein substances which will be given in the form of vegetables, fruit juices, cod liver oil, eggs, etc. Early regulation of such habits as defecation, and micturition produces good health. Rest periods must be a part of the routine for the physiological mechanism of the child. Our metabolism is divided into two parts: catabolism, or the breaking down of tissues, and anabolism, or the building up of tissues. In the child the anabolic process must exceed the catabolic process to produce growth, as well as to compensate for the normal wear and tear. Such metabolic processes require rest for their completion.

If these metabolic processes are to continue in an uninterrupted manner for the best development of the child, we must eliminate, in so far as possible, interruptions by contagious diseases. Immunization has been well proven to be a necessary part of the child's development and must play a major role in every child health program. The local physicians and the county health physicians can do much to assist the parents in guiding the growth of the child and preventing contagious diseases.

Healthy bodies of our children will permit them a normal development, both physically and mentally. Children cannot absorb the education offered them if their minds are clouded because of malnutrition, anemia, chronic diseases or other physical defects. Therefore, if we expect to decrease the dependent class of our State, it is absolutely essential that we first see that the individuals have an adequate physical machine with which to work. The assimilation of knowledge, the endowment of ambition, and the attainment of self-respect will result from an adequate child health program and make better citizens for tomorrow.

BUREAU OF SANITATION**T. S. Kennedy, M.D., Director****MILK SANITATION***

Milk is nature's most perfect food. It is the principal article of diet of the infant, the invalid and the infirmed. It is a necessary article of diet for every member of the family. It builds muscle, bones and teeth and promotes health and happiness, because it contains, besides its mineral elements, those mysterious elements called vitamins that are so necessary for growth and body development. Bright minds and healthy bodies are our debt to posterity and constitute the basis of our civilization. One way of paying this debt to posterity is by encouraging the liberal use of milk. Children should consume at least a quart a day or its equivalent in milk products, and adults at least a pint a day.

While milk leads the list of foods in nutritional value and digestibility, it is also fraught with danger when not properly protected. It is a perfect media for the growth and development of bacteria, and ranks along with the public water supply as a potential disease vehicle. Some of the larger cities have developed sanitary milk programs that are to be commended—but this program should be expanded to cover the entire commonwealth. One of the chief reasons for the slow advancement of a uniform program is the lack of unity of thought as regards milk sanitation among the health officers and milk control officials. Each city seems to take a peculiar pride in designing its own milk control system, and the result is inconceivable confusion, especially where the producer or distributor serves more than one city, town or hamlet. He often has to meet the requirements of three or four different ordinances if he serves as many municipalities. This leads to the impression that the health officers are not agreed as to just what constitutes a safe, sanitary quality of milk, and results in chaos within the milk industry. Certainly, if we as health officers are not agreed, we cannot expect the dairyman and laity to agree, and just as long as we as health officers are out of agreement, just so long will the progress of milk sanitation be impeded.

The United States Public Health Service and the United States Department of Agriculture have recognized this situation. Committees representing the best brains within our governmental departments, within the industry, within the commercial laboratories, and within the technical institutions of our country, have been mobilized and put into action. Intensive studies have been made, not by one person or committee in a short period of time, but by many committees working over a long period of years. The end result has been the development of what is now known as the United States Public Health Service Milk Ordinance. Before making this decision, however, three distinct types of ordinances were considered:

**By Arthur H. Williamson, D.V.M., State Dairy Supervisor.*

BUREAU OF SANITATION

(1) Ordinances requiring all milk to be pasteurized. This type of ordinance was rejected as a model because it was seen that only a few could be induced to adopt it, because of the prejudices that existed against pasteurized milk, and also because of the lack of pasteurizing facilities. A unified program for the states as a whole could not be arranged on such a basis.

(2) Ordinances that provide for and regulate the production of raw and pasteurized milk, but recognize only one grade, that of Grade "A." This type of ordinance was rejected because it was known to be impossible to produce Grade A milk under all circumstances all the time, because grades are based on many requirements and items of sanitation, including healthy herds, healthy milk handlers, equipment, methods and milk analyses. To hope that all these angles will be taken care of in a 100% manner all the time by every dairyman, is to hope for an Utopia. Such conditions exist only in the imagination. Labeling of all fluid bottle milk "Grade A Raw" or "Grade A Pasteurized," as is done in this type of ordinance, was not thought to be correct nor the proper course to pursue. Under such an ordinance, delinquency is winked at and mislabeling tolerated. It is hard to enforce such an ordinance because the health officer has but one alternative, that is to put the dairyman out of business, if that dairyman fails to carry out the rules and regulations of the health department. Sometimes courts of justice are hard to convince that the breach of rules on the part of the dairymen merits such drastic punishment.

(3) Ordinances that provide for the grading of both raw and pasteurized milk and that set standards for every grade; that require the public to be informed by placards posted in conspicuous places in hotels, cafes, restaurants and other public eating places just what quality of milk is being served. This type of ordinance was considered and adopted as a model for recommendation to the various states and subsequently to the various municipalities within the states. This ordinance included no regulations that were unreasonable and it afforded the public ample protection. In discussing this ordinance with the industry, it was found to more nearly meet its needs than any other ordinance under consideration. Under this ordinance, if the dairyman refused to test his herd for tuberculosis or other communicable diseases, he would automatically lose his higher grade and be awarded Grade D. He might in another instance violate the item of cooling, which is not quite as serious, and be awarded Grade B. In still another instance a laboratory analysis of his product might reveal too many bacterial colonies per c. c. for Grade A milk (as set up in the standards of the A. P. H. A. and the Association of Official Agricultural Chemists) and consequently he would be awarded Grade B, C or D as the case warranted. In any case there is only the question of giving the milk its proper grade and requiring the dairyman to so label it. No court of justice has to be resorted to, and no injustice is perpetrated

BUREAU OF SANITATION

under this system. In case the dairyman persists in using a higher grade label than he is entitled to he is sufficiently warned. If he still persists, he is brought into court and charged simply with mislabeling. There are few courts of justice that will grant to a dairyman the right to label Grade D milk, "Grade A," and foist it on the public as such. The carrying of a lower grade label does not bankrupt the dairyman by putting him out of business, but it does cause him embarrassment and chastises him sufficiently to make him fall in line. Only in very rare instances, under the grading system, will the courts have to be resorted to.

Hauling a man into court is a serious matter. To start with, it gives him a police record, and, furthermore, it makes him an enemy of the enforcement agency. Best results can never be had when this state of animosity exists.

The United States Public Health Service Milk Ordinance was designed to avoid such unnecessary situations. It recognizes *three* responsibilities of the health officer. First, of course, is his responsibility to the consuming public. Second, is his responsibility to the industry as a whole; and third, his responsibility to the individual dairyman. The ordinance was formulated with these facts in mind and consequently it works. Just how well it works is best illustrated by the six hundred American cities that have adopted it and tried it out. In no case where the ordinance is enforced has it resulted in curtailed consumption or inferior milk.

To the argument that the United States Public Health Service Milk Ordinance allows milk of inferior grades to be sold, we reply, the ordinance defines the lower grades of milk and leaves it up to the discriminating public as to what grade it wishes to use. It makes it possible for the consumer to ascertain the grade by its system of placarding and labeling.

In cities that are far advanced in their educational program regarding milk sanitation, the lower grades are permitted to be sold for short periods of time for degrading purposes. If at the end of the specified time the dairyman is not willing or able to make the higher grade his permit is revoked.

From the above facts it is seen that the United States Public Health Service Milk Ordinance is equally applicable to all cities whether they be cities that are far advanced in milk sanitation or others that are just inaugurating their programs.

FLORIDA PUBLIC HEALTH MEETING, TAMPA

The eighth annual meeting of the Florida Public Health Association, Inc., will be held in Tampa, December 7, 8 and 9, 1936. Headquarters for this meeting will be the Hillsboro Hotel. A very fine program has been arranged by Dr. W. A. McPhaul, State Health Officer, with the co-operation of President T. H. D. Griffiths and the Program Committee. Dr. W. F. Draper, Assistant Surgeon General of the United States Public Health Service, will be the principal speaker at a Public Meeting, Monday evening.

At the forenoon sessions Monday, Tuesday and Wednesday, the following speakers will appear: Dr. George N. MacDonell, Miami, City Health Officer, will speak on "Rag Weed and Public Health"; Dr. W. A. McPhaul, State Health Officer, will speak on "Program of the State Board of Health"; Mr. B. E. Holsendorf, Passed Assistant Pharmacist, United States Public Health Service, will speak on "Rat Harborage and Rat Proofing"; and Mr. Ralph Tarbett, Engineer, United States Public Health Service, will speak on "Provisions of Sanitary Engineering in a State Health Program." Others who will appear on the program are: Dr. O. O. Feaster, St. Petersburg, President of the Florida Medical Association; Dr. Halbert L. Dunn, Washington, D. C., Chief Statistician for Vital Statistics, United States Bureau of the Census; Dr. Estella Ford Warner, Surgeon, United States Public Health Service; Dr. W. H. Pickett, Pensacola, Director Escambia County Health Unit; Dr. A. B. McCreary, Director of Mobile Unit, State Board of Health; and Dr. A. J. Logie, Tuberculosis Clinician, State Board of Health.

Printed programs will be mailed to all members of the Association, also to a limited number of applicants upon request. For extra copies of the program address the Secretary, Stewart Thompson, Box 210, Jacksonville.

BILL JONES *and the* NEW BABY.



Nurse. ~ "It's a boy!"



Doctor: "Now for the drops in his eyes and he'll be all fixed up."
Bill: "Doc, I don't want any monkey-business here. His eyes look all right to me."



Doctor: "Don't you know that a lot of blindness is due to neglect of this simple precaution? Every baby should have a drop of this silver nitrate in each eye right after it is born."



Bill: "and I said 'Doc, don't forget those drops for his eyes - I don't want any blind babies in my family!'"

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge

Vol. 28

DECEMBER, 1936

No. 12

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

MAKING PROGRESS—*Woods*

DENTISTRY IN PUBLIC HEALTH—*Geiger*

CHILDHOOD TYPE OF TUBERCULOSIS—*Logie*

TUBERCULOSIS MORTALITY, 1935—*Thompson*

TUBERCULOSIS AND THE NURSE—*Mettinger*

POLIOMYELITIS (INFANTILE PARALYSIS)—*McCreary*

W. A. McPHAUL, M.D., STATE HEALTH OFFICER
Jacksonville, Florida

BOARD MEMBERS

N. A. Baltzell, M.D., Pres.
Marianna

Shaler Richardson, M.D.
Jacksonville

R. L. Hughes, M.D.
Bartow

STATE HEALTH OFFICER

W. A. McPhaul, M.D.

BUREAUS AT JACKSONVILLE**DIRECTORS**

Laboratories.....	Paul Eaton, M.D., D.P.H.
*Vital Statistics.....	Stewart G. Thompson, D.P.H.
Epidemiology.....	
Sanitation.....	T. S. Kennedy, M.D.
Public Health Nursing.....	Ruth E. Mettinger, R.N.
County Health Work.....	A. B. McCreary, M.D.
Maternal and Child Health.....	E. Bryant Woods, M.D.
Mobile Unit.....	A. B. McCreary, M.D. (Acting)
Tuberculosis.....	A. J. Logie, M.D.
Dental Health.....	E. C. Geiger, D.D.S.
Accounting.....	G. Wilson Baltzell
Librarian.....	Elizabeth Bohnenberger
*Registration Inspector.....	Anna C. Emmons
Drug Inspector.....	M. H. Doss
Assistant Drug Inspector.....	Frank S. Castor

LABORATORIES

Jacksonville.....	Pearl Griffith, B.E.
Miami.....	E. R. Powell
Pensacola.....	Nina Branch
Tallahassee.....	Estelle Bryan
Tampa.....	H. D. Venters, B.S.

MEDICAL OFFICERS

Jacksonville.....	
Marianna.....	J. W. McMurray, M.D.
Ocala.....	
Tampa.....	C. W. Pease, M.D.
West Palm Beach.....	Leland H. Dame, M.D.

DISTRICT SANITARY OFFICERS

Jacksonville.....	Fred A. Safay
Marianna.....	W. W. Miller (Acting)
Ocala.....	C. A. Holloway
Tampa.....	Russell Broughman
West Palm Beach.....	S. D. Macready

PUBLIC HEALTH NURSES

Jacksonville.....	Johanna L. Sogaard, R. N.
Jacksonville.....	Lalla Mary Goggans, R.N.
Jacksonville.....	Julia O. Graves, R.N.
Marianna.....	Vandilla Strickland, R.N.
Tampa.....	Mary Hitchcock, R.N.

DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. H. Pickett, M.D.
Marianna, Jackson County.....	R. N. Joyner, M.D.
Ft. Lauderdale, Broward County.....	Paul G. Shell, M.D.
Perry, Taylor County.....	C. A. O'Quinn, M.D.
Quincy, Gadsden County.....	C. W. McDonald, M.D.
Key West, Monroe County.....	W. P. Rice, M.D.
Clearwater, Pinellas County.....	T. E. Morgan, M.D.
Tampa, Hillsboro County.....	J. S. Spoto, M.D.
Crawfordville, Wakulla County.....	J. W. McMurray, M.D. (Acting)
Apalachicola, Gulf—Liberty—Calhoun—Franklin County.....	J. W. McMurray, M.D. (Acting)

STATE DAIRY SUPERVISOR

Jacksonville.....	A. H. Williamson, D.V.M.
-------------------	--------------------------

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
------------------	--

CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
--------------	--

BUREAU OF PUBLIC HEALTH NURSING**Ruth E. Mettinger, R.N., Director****TUBERCULOSIS AND THE NURSE**

The elimination of tuberculosis from the human race will only be accomplished by persistent teaching. There are many agencies that attempt to do this by the written word, visual teaching (such as posters) and by the establishment of modern tuberculosis clinics. But the only personal agencies are the doctor and the nurse and of these two, the nurse has the best opportunity to do consistent teaching and follow-up work to see if this information has been accepted and used to the best advantage. Institutional, office, private duty and public health nurses, each have splendid opportunities to educate the general public, though the public health nurse has the largest field and is especially valuable in case finding. The institutional nurse who uses good technique, the office nurse who suggests that other members of the family be brought in for examination, the private duty nurse who instills in her patient, both by word and deed, the need for isolation and how it can best be done—all these play an important part in the obliteration of the Great White Plague.

The public health nurse has the best opportunity to disseminate health knowledge, but many times she tries to crowd into one thirty-minute period more information than the average family under her care can assimilate. If she "gets across" just one salient fact in each visit, such as the disposal of sputum by burning, she has accomplished a great deal. We become so health education "conscious" that we can think of nothing but teaching and too often teaching means talking, in our own estimation. Teaching is just as much a matter of actual demonstration in a great many cases. By listening to what the patient has to say and correcting erroneous impressions, much valuable information can be imparted.

"Tuberculosis is preventable and curable"—what a challenge to the medical and nursing professions. A nurse may consider herself as being a very poor teacher, yet some little hint or demonstrated precautionary technique may have a lasting and far-reaching effect upon a patient and in turn, upon a family, a home and a community.

BUREAU OF DENTAL HEALTH**E. C. Geiger, D.D.S., Director****DENTISTRY IN PUBLIC HEALTH**

Public health is concerned with prevention of disease. Dental caries is a disease and is the most prevalent of all afflictions of civilization.

Dental caries is not communicable but an individual consideration and essentially a disease of childhood and early youth. We are un-

BUREAU OF DENTAL HEALTH

able to issue protective inoculation against caries. A public health dental program must disseminate knowledge to the public, pointing out that mouth hygiene, proper diet, stimulation of gum tissue, plus regular dental care, will result in prevention of dental disease. The importance of dental health is rapidly gaining recognition equal in value to that of maternal, infant, and pre-school child hygiene. Inasmuch as dental infection bears a relationship to systemic disease, the problem is one of reducing the incidence of disease.

Public health dentistry plays an important part in prevention of degenerative disease, including complications of the heart, lungs, kidneys, eyes, and joints. Vincent's Spirochete may be literally breathed into the bronchial tubes and the objective and subjective symptoms display a picture of adolescent tuberculosis; the differential diagnosis, however, may be proved through the medium of the X-ray.

The mouth with broken-down, decayed and infected teeth presents an ideal culture media for the tubercle bacilli. The oral cavity, when in this condition, contains moisture, heat, darkness, and food which induce the proliferation of this organism. A prominent pediatrician said that many cases of adolescent tuberculosis are the result of this breeding place for the tubercle bacilli.

One of the most sensitive indices of proper growth and development is the six-year molar; under-nourishment, malnutrition, and general metabolic rate are reflected in the development of teeth. If the calcium and phosphorus intake is sufficient for proper bone and teeth development it may be entirely possible that these minerals are not being assimilated and the teeth will show this condition before any other part of the body. It has been pointed out that this may be traced to lack of acidity in the intestinal flora, prohibiting absorption of these all important minerals. However, the addition of vitamin D to the diet will promote metabolism of calcium and phosphorus.

An orphanage in Boston with 400 children on its registry averaged 108 cases annually of childhood diseases. Following a dental examination which reflected varying degrees of broken-down teeth, mouth infection, and inefficient chewing apparatus, a dentist was procured to put the mouths of all these children in the best condition possible. The following year sixty cases of childhood diseases were recorded, and the next year showed forty-two cases. The third year showed no cases, the fourth showed no cases, and the fifth year presented four cases of measles that were brought in by a new child. The fact is granted that these children were immunized against a number of communicable diseases. The statistics quoted in this case are most unusual, of course, and it is not desired to attempt to prove dentistry as a cure-all, but as an important adjunct to preventive medicine.

BUREAU OF EPIDEMIOLOGY**A. B. McCreary, M.D., Acting Director****POLIOMYELITIS (INFANTILE PARALYSIS)**

Poliomyelitis is an acute infectious disease characterized by the inflammation of the anterior horns of the spinal cord with resultant paralysis of various groups of voluntary muscles.

Etiology: It is caused by a filterable virus and the incubation period is considered from three to ten days, but usually less than a week.

Usually it is impossible to make a positive diagnosis before the onset of paralysis, hence the necessity of strict supervision over all suspicious cases.

When there is an undue prevalence of the disease, the doctor is justified in making a provisional diagnosis and regarding the case as poliomyelitis until further observation proves it otherwise. In mild cases the initial symptoms may be very similar to the onset of a cold with sneezing, coryza (running nose), low grade fever, 100 to 101 degrees, and the first indication of the real trouble is noted only when the beginning paralysis appears. Many of the mild and aborted types escape detection, being little more than well carriers, who constitute a grave menace to the public. The onset of the disease in the more severe types is usually acute with all of the earmarks of a general infectious toxemia. There is headache, pain in the neck and back, especially between the shoulder blades. There may be vomiting, diarrhea and general convulsions. The slang expression "A pain in the neck" is really correct as far as poliomyelitis is concerned. The temperature may range from 104 to 105 degrees. The prodromal or early symptoms rarely last longer than five days after which the paralysis is noted. The disease is frequently confused with epidemic meningitis, epidemic encephalitis, and tubercular meningitis. The spinal fluid examination will rule out the two types of meningitis, and the absence of stupor is an aid in ruling out encephalitis.

The virus of the disease is spread by direct and indirect contact with cases and carriers.

Observers at Charlottesville, Virginia, during the 1935 epidemic asserted that if there were 111 cases in Albermarle County and the City of Charlottesville there were 1,500 cases. This simply means that the number of mild cases which are so often undetected and the healthy carriers far outnumber the susceptible group which may come down with the disease.

The accepted control measures are:

1. Isolation of cases and contacts, the cases usually for twenty-one days and the contacts for at least ten days.

BUREAU OF EPIDEMIOLOGY

2. Except in rare instances the *schools should never be closed*. This disease is spread mostly by healthy carriers in the adult group and the children are safer by far in school with other children than they would be on the streets or in the theatres contacting the adults who are possible carriers. The schools should never be closed unless the theatres and churches, and other public meetings are closed and banned, and then the quarantine measure would confine children under 16 years of age to their own homes during the period of the disease prevalence in the community.

General control measures may be summed up thus:

1. Avoid contact with all crowds, adults, and especially strangers, at least until the current danger is past.

2. Keep your resistance and that of your children up to par. A strong healthy individual is less likely to have the disease, as there is more likelihood of the body defenses throwing off the infection.

3. Do not kiss your children on the mouth! Indiscriminate kissing and especially the kissing of susceptible infants by the fond parent, who may be a healthy carrier, should be avoided. If you must kiss your baby, kiss it on the cheek, and even then, do not make the kiss liquid or lingering. It is the particle of moisture that harbors the virus, as well as the germs of other diseases.

4. If your child has what you think is a cold, call your doctor; do not impose upon your neighbors, as well as upon your own child, by sending him to school. Keep him home until assured by your physician that there is no danger. This is in the interest of your own child as well as your neighbor's child.

5. Avoid common drinking cups in public places where proper sterilization of utensils is neglected. Some soda fountains are the greatest offenders in this respect. They continue to slosh their glasses, spoons, saucers, etc., in the same slimy dirty water, and then to rinse with a sprinkler; all cold water—no sterilization at all. You are likely to get a glass which was previously used by a tuberculous patient, a syphilitic with an open sore on the lip, or a carrier of poliomyelitis, meningitis, diphtheria, or other contagious diseases. This condition of improper sterilization seems to persist throughout the United States. In the twentieth century, it is indeed our National Scandal! Do you wonder that people contract disease? *Demand a sterilized glass or an individual paper cup!*

Predisposing factors which tend to render one more susceptible to poliomyelitis are:

1. Illness of any type. A child may be a healthy carrier of the virus, develop measles or some other disease and later come

BUREAU OF EPIDEMIOLOGY

down with poliomyelitis due to the lowered resistance brought on by the first infection.

2. Fatigue and exposure.
3. Overcrowding.
4. Improper ventilation.
5. Malnutrition.

Treatment:

1. Call your doctor upon the slightest suspicion of the disease. Early diagnosis and early treatment is invaluable to the patient.

2. Serum from recently recovered cases has been found valuable in arresting the progress of the disease. If given in doses of at least 50 c. c., a satisfactory response is found in many cases. It has not been deemed practical to use as an immunizing agent for the prevention of the disease. The experiment at Petersburg, Virginia, in 1935, apparently settled this issue. The Armstrong spray as used in Alabama and Tennessee is yet to be proven as far as its efficacy in the prevention of poliomyelitis is concerned.

3. Hospitalization, massage, warm baths, braces and casts for the affected members have been found useful.

4. Delay is dangerous! Call your physician immediately.

BUREAU OF MATERNAL AND CHILD HEALTH

E. Bryant Woods, M.D., Director

MAKING PROGRESS

The purpose of the new Maternal and Child Health program in the State of Florida is primarily to reduce the maternal and infant morbidity and mortality. To have better children we must have well mothers and well nourished babies, free from disease. As this movement is nation-wide, the laity is constantly being informed by the press and radio of the new advances in obstetrics and pediatrics. It is frequently quite difficult for the busy practitioner to keep up with the current literature in medical science and it becomes the privilege of the Bureau of Maternal and Child Health to bring the newer aspects of obstetrics and pediatrics to the medical and nursing professions as a part of the service rendered the people.

We all constantly strive to become more proficient in our chosen profession for we all are in need of education. Progress is made by thinking. The evaluation of results of treatment; the inquiry into

BUREAU OF MATERNAL AND CHILD HEALTH

physiological and bio-chemical fields; the closer scrutiny of pathology and bacteriology will enable the practitioner to make progress. The science of therapeutics, as well as the other medical sciences, evaluates its results through the accumulation of data. Practitioners improve their knowledge by the exchange of their results and their ideas, but it must not be forgotten that the occasional case or that a few cases are inadequate proof for anyone's idea or concept. Clinical research becomes of value only when many cases have been actually treated in the same manner and the results have been similar. For instance, we realize that the use of insulin in one thousand diabetic cases in a large clinic or hospital will give the same result as it will when the same technique is followed by the individual practitioner in his occasional case. In making clinical appraisals of the new methods it is necessary to compare the cases so treated with an equal number of "control cases," cases treated in a different manner, or not treated at all. Such comparisons allow for accurate observation and should be carried on in large institutions over as short a period of time as possible by the same group of investigators.

When we read medical or scientific articles we must realize that many of them are written by well meaning but ill guided observers and that "not all that is in print is true." There are two types of research investigators: the first is the true scientist who goes into the laboratory to analyze a series of cases with a given disease from an impartial point of view, either by bacteriological, bio-chemical or clinical methods. In the end of his investigation he will summarize his findings and then draw his conclusions. It may be possible that at this time he will formulate a new theory or idea but not until the research conclusions are reached. The second type of investigator goes into the laboratory or into the hospital ward with a preconceived idea that he feels is going to be the solution or the answer to a "medical query." His mind is constantly clouded by this preconceived idea and he unconsciously many times evaluates his findings in the light of his previous idea. Frequently excellent clinicians have made themselves ridiculous by attempting to become laboratory scientists and prove their theories.

The general practitioner, as well as the specialist, has to learn to estimate the value of the great masses of literature in the light of his previous scientific training. It frequently becomes necessary to ask this question, "Is it sound; will it hold water?" In other words, is it composed of sound physiological understanding and therapeutic reasoning? The general practitioner will often be instructed by the "drug detail man" who has the opinion of one or a few scientists that a certain product is of particular value, but often these observations have been made hurriedly and even without accurate scrutiny. The physician will occasionally use a certain technique for a few times and become convinced that such a procedure has great merit, but

BUREAU OF MATERNAL AND CHILD HEALTH

until the procedure of his choice has been tried in many thousands of cases, its real worth cannot be determined. Every research scientist has often had results which apparently point in one direction and then in the same series of experiments, other results which apparently point in another direction. Because one man can use pituitrin in obstetrics with apparently no ill effect to the mother or baby does not in the least disprove the generally accepted idea of the major obstetrical teachers and clinics that the injudicial use of pituitrin, more especially for the labor that has begun to wane, is detrimental.

When the practitioner has found a certain technique or method of procedure of value in a number of cases, he owes it to medical science to make a report of his observations in an accurate scientific manner so that his fellow practitioners may have the value of his clinical acumen. The reputation of a man making such a report is "at stake" and it is well that such observations have an adequate clinical background. The practitioner who says "it is my opinion" or "it has been my observation" and cannot supplement his opinion or observation by an actual citation of clinical data or authority from the literature is a dangerous man if he has based his opinion on an inadequate number of cases. Certainly, it is hoped that we can work together in the medical profession of the State to find new ideas, accepting them if they are sound and can be substantiated by other good observers.

BUREAU OF TUBERCULOSIS

A. J. Logie, M.D., Director

CHILDHOOD TYPE OF TUBERCULOSIS

The childhood type of tuberculosis is the primary infection with the tubercle bacillus, which takes place in the body of a person, either child or adult, whose tissues the tubercle bacillus has never before invaded. Signs and symptoms may be few, if any at all. However, we know that a series of changes takes place in which there is a nodule formation in the lung tissue, with similar involvement of the hilar glands draining that area. At some later date calcification occurs in these regions, giving us definite evidence of the "Primary Complex." In most cases no further change occurs, but we have a potential danger since this apparently arrested focus may light up again and give rise to an endogenous reinfection, with the production of the adult type (reinfection type) which we all recognize as the clinical type of tuberculosis.

If an individual shows a positive reaction to a tuberculin skin test we have definite information to the effect that that person, whether

BUREAU OF TUBERCULOSIS

he be child or adult, has been infected with tubercle bacilli, but we must take an x-ray of his chest to discover if the invasion is of the destructive type.

We are aware that many more children reach adolescence now, showing no evidence of an infection with the tubercle bacillus, than formerly, due to organized anti-tuberculosis measures, improved sanitation, control of milk supply, etc. Up to 14 years of age about 20% of children will react positively to tuberculin. When a positive reactor is found measures should be taken to trace the source of infection; whether it be due to intra or extra-familial contact. The positive reactors should be observed with periodic regularity. If the chest of that individual shows no x-ray evidence of reinfection type pathology, we must not be content with such results. Repeated x-ray examinations are necessary, especially if these individuals have complaints in the nature of recurring upper respiratory infections or persistent constitutional symptoms; it is in this manner that pulmonary tuberculosis may be diagnosed at a stage when modern collapse therapy can be of great benefit.

Various theories have been expounded by some of our eminent phthisiologists. Krause believes that in tuberculosis allergy and immunity are parallel. Rich states that allergy may exist without the presence of immunity and that it is harmful. Myers suggests that it would be best to postpone the childhood type of infection for as long a time as possible. Although we all stress the danger of exogenous reinfection we should remember the endogenous source.

If we can postpone, or even better, if it is possible to decrease the numbers of those with the first infection type of tuberculosis, we at the same time can identify pulmonary tuberculosis as a disease of minor amplitude in public life. The most important method of procedure with such an end in view is tuberculosis control. In this scheme the essential feature is to find the bacillus carrier and to keep him from infecting others. This can be done, and is part of any successful anti-tuberculosis program.

We realize that both children and adults may have the childhood type of tuberculosis, just as both children and adults may have the adult type. The younger the children showing a positive tuberculin reaction the more serious becomes the prognosis. Under 5 years of age the percentage of mortality of those with tuberculous infection is rather high, in most cases death occurring due to involvement of the meninges of the brain. In these cases there has been a rapid spread of the disease, either from an exogenous or endogenous source with infection of the blood stream.

It is only within the last two decades that the problem of tuberculosis has found a spot in the limelight. In this time we have

BUREAU OF TUBERCULOSIS

discovered the nature of the disease, how to control and prevent it, and methods of treating it. Many of us are sidetracked by the excellent results of modern collapse therapy, so that the control of the disease has tended to become overshadowed. Our fight against tuberculosis is not won, and although we are winning, we cannot afford to become slack in the field of preventive medicine.

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE MONTH
OF SEPTEMBER, 1936

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1869	446	223	140	75	2753
Diphtheria	576	273	46	513	24	1432
Typhoid	1544	326	95	75	42	2082
Malaria	1613	332	147	47	357	2496
Rabies	20	6	1	1	—	28
Tuberculosis	234	93	33	35	20	415
Gonorrhea	1139	461	215	225	141	2181
Kahn	6522	2176	693	2673	395	12459
Water	—	57	17	303	—	377
Milk	294	324	194	352	206	1370
Miscellaneous	1026	43	290	323	84	1766
	14837	4537	1954	4687	1344	27359
Specimen containers distributed						11981

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	68 Packages
	5,000 units	48 Packages
Schick		4070 Tests
Toxoid		2175 C. C.
Typhoid Bacterin		5240 Treatments
Vaccine Virus		1580 Capillaries
Antirabic Virus		31 Treatments

BUREAU OF LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF OCTOBER, 1936

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites.	3117	911	549	184	85	4846
Diphtheria	954	856	61	2210	37	4118
Typhoid	1404	279	178	91	21	1973
Malaria	1349	320	208	48	344	2269
Rabies	12	2	1	1	..	16
Tuberculosis	225	187	33	43	32	520
Gonorrhea	1314	493	198	320	121	2446
Kahn	6586	3042	554	3272	446	13900
Water .....	...	64	12	177	...	253
Milk	269	380	215	323	171	1358
Miscellaneous ...	903	39	364	436	33	1775
	16133	6573	2373	7105	1290	33474

Specimen containers distributed.....15566

Diphtheria Antitoxin.....10,000 units 104 Packages
5,000 units 55 Packages

Schick5330 Tests

Toxoid2100 C. C.

Typhoid Bacterin2877 Treatments

Vaccine Virus1970 Capillaries

Antirabic Virus30 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD
BE DIRECTED TO THE STATE LABORATORY, STATE
BOARD OF HEALTH, JACKSONVILLE, FLORIDA

Mr. G. Wilson Baltzell, Auditor of the Florida State Board of Health, read a paper at the recent meeting of the American Public Health Association held in New Orleans, entitled "Health Department Financing and Social Security Budgets." Mr. Walter N. Kirkman, Chief of the Division of Personnel and Accounts of the Maryland Department of Health, who had charge of the program, advises that Professor Ira V. Hiscock of the School of Public Health of Yale University has asked for a copy of the paper. Mr. Baltzell is an able accountant and this recognition not only reflects credit on him but on the organization he represents as well.

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D.P.H., Director**PROMPT REPORTS REQUESTED**

The supreme importance of filing a birth or a death certificate is seldom realized at the time it becomes a record. However, when the question of citizenship arises, when proof is demanded of heirs claiming estates, veterans' compensation, life insurance; when statements are made regarding health conditions in the State, the value of these important records is realized with appreciation.

The value of a birth or death certificate cannot be overestimated and the records on file with the State Board of Health, which have been compiled so carefully during the past years, are being used every day to help someone. The records which are being filed for 1936 will be of increasing value as the years go by. Many citizens have been put to considerable inconvenience and often to great expense because a birth or death certificate was not filed at the time of occurrence.

Each local registrar is urged to make a survey of his district at once in order that no 1936 birth or death record may be overlooked. Let's make the calendar year 1936 the most perfect as far as completeness of registration is concerned. If perfect registration for the State as a whole is to be reached, each local registrar must have a perfect record in his district.

It is hoped that every local registrar in the State will forward his December report on the 10th day of January and will include in that report a certificate for every unreported birth and death which has occurred in his district during 1936. The cooperation of the Florida local registrars in the past inspires the fixing of such a high standard of perfection as our goal for 1936.

Under date of November 21, 1936, a communication was received from Mr. Charles S. McIntosh, Secretary of the State Board of Funeral Directors and Embalmers of Florida, advising that the following funeral directors have received licenses in Florida.

Name	Address	License Number
Edna C. Burton (c)	Sanford	319
Clemon Tillman (c)	Monticello	320
John Smith (c)	Quincy	321
O. C. Jernigan (c)	Jacksonville	322

BUREAU OF VITAL STATISTICS

Deaths from Tuberculosis (All Forms) and Rates per 100,000
Population, by Color and by Counties, Florida, 1935

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rates	Deaths	Rates	Deaths	Rates
State	903	55.9	397	34.7	506	107.9
Alachua	20	55.0	7	35.0	13	79.5
Baker	3	41.8	0	—	3	165.5
Bay	7	41.3	4	29.2	3	92.1
Bradford	1	11.4	0	—	1	42.0
Brevard	3	20.7	1	10.1	2	43.3
Broward	13	56.2	5	32.7	8	102.2
Calhoun	3	35.8	2	29.5	1	63.1
Charlotte	1	26.5	1	32.9	0	—
Citrus	4	72.0	2	52.1	2	116.6
Clay	2	28.2	0	—	2	103.9
Collier	0	—	0	—	0	—
Columbia	19	123.9	6	64.4	13	216.3
Dade	117	64.2	55	37.7	62	171.1
DeSoto	4	49.2	3	45.1	1	67.7
Dixie	3	51.4	0	—	3	139.4
Duval	145	82.8	35	30.6	110	181.0
Escambia	26	46.0	13	31.0	13	89.5
Flagler	1	31.3	0	—	1	66.5
Franklin	2	30.5	1	23.5	1	43.4
Gadsden (Ex.)	18	67.0	5	45.6	13	81.8
State Hospital	24	621.0	14	576.1	10	696.9
Gilchrist	0	—	0	—	0	—
Glades	0	—	0	—	0	—
Gulf	0	—	0	—	0	—
Hamilton	6	61.5	5	86.0	1	25.4
Hardee	2	17.5	1	9.5	1	105.6
Hendry	2	54.0	1	36.1	1	106.6
Hernando	2	36.2	1	25.3	1	64.1
Highlands	4	36.5	0	—	4	127.3
Hillsboro	120	75.6	74	57.5	46	153.0
Holmes	4	27.6	3	21.8	1	140.4
Indian River	9	105.5	5	83.6	4	156.9
Jackson	7	19.8	2	9.1	5	37.5
Jefferson	7	51.6	2	48.7	5	52.9

BUREAU OF VITAL STATISTICS

Deaths from Tuberculosis (All Forms) and Rates per 100,000
Population, by Color and by Counties, Florida, 1935 (Continued)

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rates	Deaths	Rates	Deaths	Rates
Lafayette	0	—	0	—	0	—
Lake	16	56.7	6	29.7	10	124.7
Lee	10	61.2	5	38.6	5	147.3
Leon	5	18.8	1	9.2	4	25.4
Levy	3	23.2	0	—	3	57.7
Liberty	1	25.9	1	36.5	0	—
Madison	6	35.1	1	12.1	5	56.6
Manatee	16	69.6	5	30.1	11	173.1
Marion	15	48.9	6	37.8	9	60.8
Martin	2	38.4	0	—	2	108.9
Monroe	14	105.4	9	83.2	5	202.3
Nassau	2	21.9	1	17.4	1	29.4
Okaloosa	1	8.5	1	9.3	0	—
Okeechobee	0	—	0	—	0	—
Orange	25	42.8	10	22.4	15	109.0
Osceola	3	30.8	1	13.4	2	89.3
Palm Beach	23	43.4	9	25.4	14	79.7
Pasco	5	44.5	3	31.9	2	109.9
Pinellas	30	46.5	23	44.7	7	53.7
Polk	32	38.9	16	24.8	16	90.0
Putnam	16	87.5	5	48.2	11	139.1
St. Johns	14	79.7	7	59.7	7	119.6
St. Lucie	1	11.0	1	17.2	0	—
Santa Rosa	3	19.3	3	22.1	0	—
Sarasota	5	36.2	2	19.3	3	87.3
Seminole	25	112.4	9	79.0	16	147.6
Sumter	2	20.0	1	14.1	1	33.8
Suwannee	4	23.6	0	—	4	69.8
Taylor	8	72.1	1	13.6	7	187.9
Union	9	108.4	3	58.5	6	189.2
Volusia	22	43.3	17	48.9	5	31.3
Wakulla	1	16.4	0	—	1	39.9
Walton	4	29.0	2	17.3	2	90.4
Washington	1	7.8	0	—	1	34.4



TRUE CHRISTMAS CHEER...

Help to Make Others **HEALTHY**



The National, State and Local Tuberculosis Associations
of the United States

W. T. CASH LIBRARIAN
FLA STATE LIBRARY
TALLAHASSEE FLA